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103d Congress — 2d Session • January 25–November 29, 1994

House Document

No. 286

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
103d CONGRESS
JANUARY 1–DECEMBER 31, 1993
VOLUME 2

United States Congressional Serial Set

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United States Government Printing Office
Washington : 1996

103d Congress, 2d Session - - - - - - - - - - - House Document 103–286

FINANCIAL DISCLOSURE

REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES OF THE 103D CONGRESS

FOR THE PERIOD

January 1, 1993 to December 31, 1993

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO 2 U.S.C. 703(d)(1) AND RULE XLIV, CLAUSE 1 OF HOUSE RULES

(Volume 2 of 3)

JULY 27, 1994.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

81-663 WASHINGTON : 1994

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

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13

Ralph M. Hall
(Full Name)

2236 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515-4304

Daytime Telephone (202) 225-6673

Filer Status	[X] Member of the U S House of Representatives	State Texas Distnct 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Ralph M. Hall

DATE (Month/Day/Year) 5-10-94

Name Ralph M. Hall	Page 2 of 13

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Employee Retirement System, State of Texas	Legialative Pension	36,699

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income. If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income. For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction. Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Securities:																										
	Crowley Holding Company Crowley, Texas						X				X												X				
	Lakeside National Bank Rockwall, Texas				X						X										X						
	Lakeside BancShares, Inc. Rockwall, Texas							X			X												X				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ralph M. Hall

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Partnership Interest:																										
	Chihal Limited Rockwall, Texas					X											X										
	Notes Receivable:																										
	North & East Trading Co. Rockwall, Texas					X											X										
	J. Blakeley Hall Rockwall, Texas				X												X										
	R. Hampton Hall Rockwall, Texas					X											X										
	Brett A. Hall Rockwall, Texas				X												X										
	Lakeside BancShares, Inc. Rockwall, Texas					X								X								X					
	Hall Law Office Partnership Rockwall, Texas				X												X										
	Oil Interest:																										
	Caddo Parrish La.			X															X Gross Royalty								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ralph M. Hall

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Real Estate:																										
	Airport Hangar																										
	Rockwall, Texas	X															X										X
	152 Acres																										
	Hunt County, Texas						X										X										
	15 Acres																										
	Henderson County, Texas				X												X										
	Townhouse - 310 E. Capital																										
	Washington, D.C.						X										X										
	2 Harbor Landing Lots																										
	Chandlers, Rockwall, Texas				X												X										
	206 N. Clark																										
SP	Rockwall, Texas	X															X										X

SCHEDULE IV — TRANSACTIONS

Name Ralph M. Hall

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Airport Hangar, Rockwall, Texas		X		5/17/93	X						
SP	House - 206 N. Clark, Rockwall, Texas		X		4/5/93		X					

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Lakeside National Bank Rockwall, Texas	Business borrowings and Mortgage Henderson Co., Tx.				X			
	Community Bank Rockwall, Texas	Business borrowings		X					
	First National Bank Leonard, Texas	Mortgage on Harbor Landing Lot, Rockwall, Texas		X					
	Colonial Bank Greenville, Texas	Crowley Holding Co. Stock		X					
	American Bank Sherman, Texas	Crowley Holding Co. and Lakeside Bancshares, Inc. Stock and debentures			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Independent Bank Rockwall, Texas	Mortgage on Harbor Landing Lot, Rockwall, Texas		X					
	Francie Oliver Austin, Texas	Lakeside Bancshares stock.		X					
	Mayre Springer Wills Point, Texas	Lakeside Bancshares stock.		X					
	Lloyd Wilcox Rockwall, Texas	Lakeside Bancshares stock.		X					
	Loretta Myers Rockwall, Texas	Lakeside Bancshares stock.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

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Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	E.K. Slaughter Rockwall, Texas	Crowley Holding Co. stock			X				
	Hugh Hall Rockwall, Texas	Business borrowings	X						
	First National Bank Garland, Texas	Business borrowings and Lakeside Bancshares stock.				X			
	Debt Retired During Year:								
	Bank of Crowley Crowley, Texas	Business borrowings		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Debt Retired During Year (continued):								
	State National Bank Caddo Mills, Texas	Lakeside Bancshares debentures		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

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Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Far East Studies Washington, D.C.	Dec. 5 Dec. 20	Dallas, Texas - Beijing, China - Dallas, Texas	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman & Director (unpaid)	Crowley Holding Company, Crowley, Texas
Chairman & Director (unpaid)	Bank of Crowley, Crowley, Texas
Chairman & Director (unpaid)	Lakeside National Bank, Rockwall, Texas
President & Director (unpaid)	Lakeside Bancshares, Inc., Rockwall, Texas
Chairman & Director (unpaid)	North & East Trading & Linrock, Inc., Rockwall, Texas
Partner (unpaid)	Chihal Limited, Rockwall, Texas
Partner (unpaid)	H & H Properties, Rockwall, Texas

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Tony P. Hall
(Full Name)

2560 North 23rd Road
(Mailing Address)

Arlington, VA. 22207

(202)225-6465
Daytime Telephone

MC (Office Use Only)

6

Filer Status	[X] Member of the U S House of Representatives	State Ohio District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tony P. Hall

DATE (Month/Day/Year) May 13, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	International Foundation, Arlington, VA.	Spouse Salary	NA
	Halls Hand Laundry, Dayton, Ohio	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Tony P. Hall

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X														
JT	Halls Hand Laundry (1/3 interest)						X				no dividend declared						X										
JT	R.O.Assoc. (1.98% limited partnership)	X									loss						X										
JT	Signet Bank, Arlington, VA.		X										X					X									
JT	Cong. Employees Fed.Credit Union			X									X					X									
JT	Shearson Lehman, IRA for Tony and Janet Hall				X												NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tony P. Hall

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
DC	JYL & Matthew Hall; Clifford Trust, bank acct., BankOne, Dayton Ohio, set up by Tony & Janet Hall			X									X						X								
DC	Jyl & Matthew Hall, Signet Bank Arlington, VA (acct. minor chilren)			X									X						X								
DC	Jyl & Matthew Hall, Shearson Lehman - Stock; 100 shares Wendy's, 20 Mattel & 10 Techniclone Intl)			X							X							X									

This page may be copied if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Community Colleges for International Development	Feb.19-22	Wash.,D.C.-Orlando-W.DC	Y	Y	N	N
	National Student Campaign Against Hunger & Homelessness	Oct.15-17	Wash.,D.C.-Tampa-W.DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partnership (1.98% interest)	R.O. Associates - K-Mart Store

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 10: 27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC
HAND DELIVERED

(4)

DAN HAMBURG
(Full Name)

1330 Boonville Road, Ukiah, California 95482
(Mailing Address)

Daytime Telephone
202-225-3311

Filer Status	[X] Member of the U S House of Representatives	State CA District FIRST	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) dunng the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
Dan Hamburg	5/16/94

1558

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DAN HAMBURG

Page 2 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	ACCOUNT RECEIVABLE: Cmt to Elect Dan Hamburg, Ukiah, CA			X													X										

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Wright Patman Federal Credit Union, DC	Overdraft Loan	X						
	Wright Patman Federal Credit Union, DC	Visa Account	X						
	Sallie Mae, Kansas City, MO 64141-6234	Student Loan		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Coastal Zone 93	July 19	Washington, DC - New Orleans, LA - Wash, DC	N	N	N	N
	Center for Democracy in the Americas	Apr 16-19	Washington, DC - San Salvador, El Salvador - Washington, DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 AM 9:2
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

9

LEE HERBERT HAMILTON
(Full Name)

2187 Rayburn HOB Washington, D.C. 20515 (Mailing Address) 202/225-5315 (Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives — State: Indiana District: 9	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] **DATE** (Month/Day/Year)

1562

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
Spouse's income: sale of paintings	spouse art	NA

For payments to charity in lieu of honoraria, use Schedule II

Name Lee H. Hamilton	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	New York Review of Books	article	July 7, 1993	$ 100.00
	Sit Investment Associates, Inc.	speech	February 13, 1993	$2000.00
	Charles Bartlett Associates	speech	December 8, 1993	$2000.00

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DW DISC. WAS A SPINOFF OF SEARS

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lee Herbert Hamilton

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	Examples: 123 Main St., Dover, Del.							X				X										X					
JT	Examples: 1st Bank of Peoria, IL accounts					X							X							X							
S	Sears Roebuck & Co. stock						X				X											X					S
JT	Sears Roebuck & Co. stock			X							X							X									S
S	Dean Witter, Discover, Co. stock					X					X							X									P
JT	Dean Witter, Discover, Co. stock			X							X							X									P
	General Motors stock			X							X							X									
	AT&T stock			X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lee Herbert Hamilton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
	Pacific Telesis stock			X							X								X								
JT	Money Market Fund Crestar Bk. VA				X								X							X							
	Money Market Fund Wright Patman FCU					X							X							X							
	Growth Fund of Washington IRA				X						X			X					N/A	IRA							
S	Amcap Fund IRA			X							X			X					N/A	IRA							
S	John Nuveen TEx				X								X							X							
S	Nuveen T Ex			X									X							X							
S	Bell Atlantic Corp. stock				X						X									X							
S	Old Kent Bk. Tax Ex Cash Mgt. fund						X						X									X					
S	Gov't. Nat. Mortg. Bond			X									X						X								S monthly sales of part
S	Dade Co. FL Municipal Bond	X											X							X							S
S	Georgia State Bond				X								X							X							
S	Indiana St. Hsg. Bond			X									X						X								
S	Orlando FL Municipal Bond				X								X							X							
S	St. Lucia Co. FL Municipal Bond				X								X								X						
S	Certificate of Deposit Crestar VA				X								X						X								

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SCHEDULE IV — TRANSACTIONS

Name Lee Herbert Hamilton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
S	Dade County FL Bond		X		10/1/93		X					
S	Sears Roebuck & Co. stock		X		6/30/93			X				
S	Dean Witter, Discover & Co. stock	X			6/30/93			X				
JT	Sears Roebuck & Co. stock		X		6/30/93	X						
JT	Dean Witter, Discover & Co. stock	X			6/30/93	X						

spinoff

spinoff

DW DISC spin off from Sears

(DW Dis. was part of Sears & was spun off)

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Sit Investment Associates, Inc.	Feb. 11-14	Wash. DC - California -DC	N	N	Y	2

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Name Lee Herbert Hamilton	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

1994 MAY 16 AM 10: 39
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Melton D. Hancock
(Full Name)

6200 W. Grand Street Road
(Mailing Address)

Daytime Telephone

Springfield, MO 65802

Filer Status	[X] Member of the U.S. House of Representatives	State MO District 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. App. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Melton Hancock

DATE (Month/Day/Year): 5/13/94

Name Melton D. Hancock	Page 2 of 12

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Supporting Schedule Attached		$24,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE I - EARNED INCOME

MELTON D. HANCOCK

Source	Type	Amount
Federal Protection, Inc., Springfield, MO	Salary	* $24,000

* (Letter from U.S. House of Representatives Committee on Standards of Official Conduct dated 10-27-90 attached - " -- this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII -- ")

Board of Directors of Federal Protection (including the Chairman of the Board) receive absolutely no compensation for services as director.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
The Capitol Forum, Des Plaines, IL	Speech	1-27-93	$500
Memo - Contributed To: Meals on Wheels of Church Women United 3801 South National Springfield, MO 65807			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Melton D. Hancock

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset									Block C: Type of Income						Block D: Amount of Income										Block E: Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Supporting Schedule Attached																										

For additional assets and unearned income, use next page.

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Melton D. Hancock

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income															BLOCK D
		Year End Value (X)									Type of Income (X)					Category of Amount of Income (X)										Transaction (X)
S DC, JT		NONE	A	B	C	D	E	F	G	H	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRST	Other Income	NONE	I	II	III	IV	V	VI	VII	VIII	IX	
	Federal Protection, Inc Stock (Sub S)							X			X		X												X		
	614 N Haseltine Rd Springfield MO						X					X										X					
	6200 W Grand Springfield MO (farm)						X					X										X					
	Leased vehicle-to Fed Prot Inc			X								X										X					
	SDL Properties Stock (Sub S)				X								X				X										
	Note receivable-SDL Properties				X								X					X									X
	Mtg on Barns Meadows-Phillip Downs				X								X								X						
	Mtg-Ben & Luann Wylie				X								X								X						
	State Bank SW Mo (Checking & Savings)					X							X							X							
	Farm & Home Savings & Loan (CD)			X									X						X								
	A S A Stock				X						X									X							
	Cifra Safe De ADR's			X							X						X										
	Great Southern (Checking, Savings & CD)					X							X							X							
	United Savings (CD)						X						X								X						
	Exxon Corporation (Bonds)	X											X								X						X
	Mo State Envir Auth (Itan Bonds)	X											X						X								X
	Mo State Health Facility (Cox Bonds)	X											X						X								X
	National Municipal Trust Ser (Bonds)			X									X						X								X
	City of Springfield Park Bd (Bonds)	X											X						X								X
	City of Springfield Public Util (Bonds)			X									X						X								
	St Louis Mo Revenue (Bonds)				X								X							X							
	Fidelity Magellan Fund				X						X										X						
	Houston Industries (Common Stock)				X						X									X							X
	American Electric Power (Common Stock)			X							X								X								X
	Dreyfus Worldwide Fund					X					X									X							

SCHEDULE III ASSETS AND "UNEARNED" INCOME

Melton D Hancock

BLOCK A Asset and/or Income Source		BLOCK B Valuation of Asset									BLOCK C Income																BLOCK D
		Year End Value (X)									Type of Income (X)					Other Income	Category of Amount of Income (X)										Transaction (X)
S DC, JT		NONE	A	B	C	D	E	F	G	H	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRST		NONE	I	II	III	IV	V	VI	VII	VIII	IX	
	20th Century Funds Personal (MM Fund)						X				X											X					
	Union Electric (Common Stock)			X							X								X								X
	Vanguard Prime (Mutual fund)					X					X										X						
	United Services Gold Fund (Stock)			X							X								X								
	Great Southern Savings (Stock)						X				X								X								
	Battle Mtn Gold (Stock)			X							X						X										X
	Central Mtg Bankshares (Stock)			X							X						X										X
	Gaylord Enterprises (Stock)				X						X						X										X
	Koll Management Services (Stock)			X							X						X										X
	Walmart (Stock)			X							X						X										X
	O'Reilly Automotive (Stock)	X									X						X										X
	Regional Operations Gp (Brokerage a/c)	X									X								X								X
	Scottsdale Securities (Brokerage a/c)		X								X								X								X
	USAA Agressive Growth (Mutual Fund)				X						X									X							X
	USAA Growth Fund (Mutual Fund)				X						X									X							X
	Vanguard Index 500 (Mutual Fund)				X						X								X								X
S	T Rowe Price (IRA-SEP) Spouse				X						X						NA										
	T Rowe Price (IRA-SEP) Mel						X				X						NA										
	20th Century Funds Pension				X						X						NA										
	20th Century Funds Profit Sharing					X					X						NA										
S	S I McDaniel Trust (1/2 Interest)																										
	Centerland Fund (Money Market a/c)			X									X					X									
	Boatmens Trust Int Exempt Fund				X								X						X								
	Land 2405 S National Springfield Mo (includes rental house & 15 Acres)						X					X							X								

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Supporting Schedule Attached											

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S,DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE	B	C	D	E	F	G	H
	SDL Properties - Cash loaned to corporation	X			Various 1993	X						
	Exxon Corporation bonds donated		X		8/16/93		X					
	Mo State Envir Auth bonds sold		X		2/26/93		X					
	Mo State Health Facility bonds sold		X		6/10/93		X					
	Mo Muni Trust Series Fund (bonds) maturities		X		Monthly 1993	X						
	City Spfld Park Bd (bonds) sold		X		12/6/93	X						
	Houston Industries stock dividends reinvested	X			Various 1993	X						
	American Electric Power dividends reinvested	X			Various 1993	X						
	Union Electric dividends reinvested	X			Various 1993	X						
	Battle Mountain gold stock purchased	X			5/22/93	X						
	Central Mortgage Bankshares purchased	X			2/17/93	X						
	Gaylord Enterprises stock purchased	X			12/6/93		X					
	Koll Management Services stock purchased	X			3/14/93	X						
	Walmart stock purchased	X			4/20/93	X						
	O'Reilly Automotive Stock purchased	X			4/22/93		X					
	O'Reilly Automotive Stock sold		X		6/21/93		X					
	Regional Operations Brokerage a/c opened	X			1993	X						
	Scottsdale Securities Brokerage a/c opened	X			1993	X						
	USAA Agressive Growth (mutual fund) purchased	X			2/8/93	X						
	USAA Agressive Growth (mutual fund) purchased	X			10 mo @ $1,000 mo	X						
	USAA Growth (mutual fund) purchased	X			2/8/93	X						
	USAA Growth (mutual fund) purchased	X			10 mo @ $1,000 mo	X						
	Vanguard Index 500 (mutual fund) purchased	X			1/8/93	X						
	Vanguard Index 500 (mutual fund) purchased	X			12 mo @ $2,000 mo		X					

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
The Congressional Institute		2-25 to 27	Wash.,D.C.-Princeton, N.J.-Washington,D.C.	Y	Y	Y	Note 1
New York City Congress.Tour		5-13 to 16	Wash.,D.C., NY, NY, Washington,D.C.	Y	Y	Y	Note 2
Pachyderm Club		6-11 to 12	Springfield,MO-St.Louis MO-Springfield,MO	Y	Y	N	Note 3

Note 1 - Congressman paid $485.00 from Personal Funds

Note 2 - Congressman paid $770.00 from Personal Funds

Note 3 - Congressman paid own Transportation Cost

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	Supporting Schedule Attached

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

SCHEDULE VIII - POSITIONS

Melton D. Hancock

Positions	Name of Organization
Chairman of the Board	Federal Protection, Inc. Springfield, Mo
President & Chairman of the Board	Taxpayers Survival Association 6200 W Grand, Springfield, Mo
President	S.D.L. Properties, Inc. 6200 W Grand, Springfield, Mo
Co-Trustee	Federal Protection Pension Plan Springfield, Mo
Co-Trustee	Federal Protection Profit Sharing Plan Springfield, Mo
Honorary Chairman	Hancock II Committee A Missouri State Campaign Committee Springfield, Mo

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

JOHN T. MYERS, INDIANA
JAMES V. HANSEN, UTAH
CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTKIN, CHIEF COUNSEL

U.S. House of Representatives
Committee on Standards of Official Conduct
Suite HT-2, U.S. Capitol
Washington, DC 20515

October 27, 1990

OCT 30 1990

The Honorable Mel Hancock
United States House of Representatives
511 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting guidance regarding the limitations on outside earned income in the Ethics Reform Act as it relates to compensation you receive from Federal Protection, Inc.

You explain that Federal Protection, Inc. was chartered as a general business corporation for the purpose of providing security systems to the banking and financial industries. The company writes primarily five-year lease maintenance contracts and is very capital intensive. In 1984, the Company purchased the outstanding shares of the stockholders except those shares owned by you and your wife. A verbal agreement was made to transfer on an annual basis ownership to your son of approximately 43 percent of the company through 1989, which has been accomplished.

After your 1988 election to Congress, your son was made President of the company and is full time operating officer. You remain Chairman of the Board and only look after the financial affairs and financing of the company. You do not participate in the soliciting of additional business. You ask if, in view of limitations included in the Ethics Reform Act of 1989 (P.L. 101-194, as amended by P.L. 101-280), you may continue to receive any income from the company, as well as contributions on your behalf to a profit-sharing plan. The Committee notes that on your Financial Disclosure Statement for calendar year 1989, you reported earned income from Federal Protection, Inc. of $24,000, in addition to dividends and lease payments.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional

salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include--

. . . .

> (2) any compensation derived by such Member for personal services actually rendered prior to . . . becoming such a Member . . . ;
>
> (3) any amount paid by, or on behalf of, a Member to a tax-qualified pension, profit-sharing, or stock bonus plan and received by a Member from such a plan; [and]
>
> (4) in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502) provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not--

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;

> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Federal Protection, Inc., the Committee views the statute as prohibiting you serving for compensation as Chairman of the Board. This does not mean, however, you are totally precluded from receiving any compensation. Consistent with House Rule XLVII, you may be paid an amount consistent with what you received in 1989 to look after the financial affairs and financing of the company, as long as it is not indirect compensation for serving as Chairman. Payments may also be paid on your behalf to a tax-qualified profit-sharing plan. In reaching this decision, we note that the salary you were paid by Federal Protection, Inc. prior to your election to the House of Representatives was significantly more than you have been receiving since coming to Congress. In addition, the payment is consistent with the policy enunciated in House Rule

XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that while you may not serve for compensation as a board member or director of Federal Protection, Inc., you may receive compensation, in an amount consistent with what your have received in prior years while a Member of Congress, for protection of your equity, provided your family continues to own a controlling interest in the business. Activities which do not generate a significant amount of income for the family-controlled company will continue to fall within the cited exemption in House Rule XLVII. Furthermore, your receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 AM 1
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)
mc
9

JAMES V HANSEN
(Full Name)

399 EAST OAK LANE
FARMINGTON, UTAH 84025
(Mailing Address)

WASHINGTON D.C. (202)225-0453
Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State District: UTAH 1st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/94

Name	JAMES V HANSEN	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name	JAMES V HANSEN	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	UNIVERSITY OF UTAH (HINCKLEY INSTITUTE)	SPEECH	JUNE 25, 1993	$25
	WESTERN REGIONAL COUNCIL	SPEECH	DEC. 3, 1993	$ 1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JAMES V. HANSEN | Page 1 of 2

[illegible]

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	B: [illegible]	B: A $1 – $1,000	B: [illegible]	B: C $15,001 – $50,000	B: [illegible]	B: E $100,001 – $250,000	B: [illegible]	B: G $500,001 – $1,000,000	B: [illegible]	C: DIVIDENDS	C: [illegible]	C: INTEREST	C: [illegible]	C: EXCEPTED TRUST	C: [illegible]	D: None	D: [illegible]	D: II $201 – $1,000	D: [illegible]	D: IV $2,501 – $5,000	D: [illegible]	D: VI $15,001 – $50,000	D: [illegible]	D: VIII $100,001 – $1,000,000	D: [illegible]	E: P, S, E
	[illegible]				X						X																P
	[illegible]																										
	[illegible]												X														
JT	OFFICE BUILDING AT 60 SOUTH 200 WEST FARMINGTON, UTAH 84025					X						X										X					
JT	BUILDING LOTS (3) WOODLAND SPRINGS PLAT A FARMINGTON, UTAH 84025					X											X										
JT	WRIGHT-PATTERSON CREDIT UNION SAVINGS ACCOUNT			X									X					X									
JT	MOUNTAIN AMERICA CREDIT UNION SAVINGS ACCOUNT			X									X						X								
JT	AMERICA FIRST CREDIT UNION SAVINGS ACCOUNT			X									X					X									
JT	UNITED STATES SAVINGS BONDS				X								X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES V HANSEN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	STATE FARM INSURANCE CO. PENSION PLAN	UNDETERMINABLE															X										
	STATE OF UTAH RETIREMENT PLAN	UNDETERMINABLE															X										

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SCHEDULE IV — TRANSACTIONS

Name JAMES V HANSEN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	NONE												

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Name JAMES V HANSEN | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B	C $15,001–$50,000	D	E $100,001–$250,000	F	G $500,001–$1,000,000	H
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	AMERICA FIRST CREDIT UNION	MORTGAGE ON RENTAL OFFICE BLDG AT 60 SOUTH 200 WEST FARMINGTON UTAH		X					
	Zions First National Bank (refinanced mortgage)	" " "		"					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICAN/ISRAEL EDUCATION FOUNDATION	JULY 4-11	SALT LAKE CITY,UT-- TEL AVIV ISRAEL-- WASH D.C.	Y	Y	N	N
	AIRCRAFT OWNERS & PILOTS ASSOC.	NOV 5-6	WASH D.C.-- ORLANDO,FL-- WASH D.C.	Y	Y	N	N
	WESTERN REGIONAL COUNCIL	DEC 2-3	SALT LAKE CITY,UT-- PHOENIX AZ--SALT LAKE CITY, UTAH	Y	Y	N	N

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Name	Page
JAMES V HANSEN	1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SECRETARY	COMMITTEE ON LIMITING TERMS

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

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Use additional sheets if more space is required.

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Congress of the United States
House of Representatives
Washington, DC 20515-4401

May 23, 1994

Clerk's Office of Records and Registration
U. S. House of Representatives
1036 Longworth HOB
Washington, D. C. 20515

Gentlemen:

I was just informed that my 1993 Financial Disclosure form did not have a signature.

I respectfully request that this letter serve as an amendment to my Financial Disclosure statement, and to serve as the official signature. Please attach this statement to my 1993 statement.

Thank you for your assistance.

Sincerely yours,

James V. Hansen
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12:06

HAND DELIVERED
(Office Use Only)

14

JANE HARMAN
(Full Name)

5200 W. CENTURY BOULEVARD, SUITE 960
(Mailing Address)

LOS ANGELES, CALIFORNIA 90045
Daytime Telephone (310) 348-8220

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 36th	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jane Harman

DATE (Month/Day/Year): 5/13/94

Name	JANE HARMAN	Page 1 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	HARMAN INTERNATIONAL INDUSTRIES, INC.	Spouse Salary	N/A
	FIFTY THIRD STREET VENTURES, LP	Spouse Fees	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	MCA/UNIVERSAL PAC	Speech	Jan. 11, 1993	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JANE HARMAN

	BLOCK A Asset/Other Income Source	BLOCK B Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."								BLOCK C Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.						BLOCK D Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.								BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mobil Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
	BANK ACCOUNTS:																										
JT	CITY NATIONAL BANK					X							X				X										
JT	CITIBANK					X							X								X						
SP	NATIONS BANK			X									X					X									
DC	AMERICAN SECURITY FSB						X						X								X						
DC	INDEPENDENCE FSB				X								X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	LOAN TO CAMPAIGN 1						X						X				X										
	EQUITIES:																										
JT	HARMAN INTERNATIONAL COMMON									X							X										
SP	HARMAN INTERNATIONAL OPTIONS COMMON									X							X										
DC	ALLIED CAPITAL CORP, MD COMMON			X							X								X								
DC	GENERAL MOTORS COMMON			X							X							X									S
DC	TIME WARNER COMMON			X							X							X									
DC	WELLS FARGO COMMON			X							X							X									
DC	TRAVELERS COMMON			X							X							X									P
DC	XEROX CORP COMMON			X							X								X								
	NOTES & GOV'T OBLIGATIONS:																										
DC	PAYLESS CASHWAYS SUB NOTES			X									X						X								P
SP	US TREASURY NOTE	X											X										X				S
SP	US TREASURY NOTE							X					X										X				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	AUSTIN TEXAS MUNICIPAL BOND							X					X										X				
SP	DC SERIES D MUNICIPAL BOND						X						X									X					
SP	KENAI PENINSULA MUNICIPAL BOND							X					X										X				
SP	OHIO ST PUB FACS MUNICIPAL BOND							X					X										X				
SP	OK CITY G.O. MUNICIPAL BOND							X					X										X				
SP	PUERTO RICO COMM RFDG MUNICIPAL BOND							X					X									X					
SP	TEXAS HOUSING MUNICIPAL BOND						X						X									X					
SP	TEXAS HOUSING MUNICIPAL BOND	X											X						X								S
	REAL ESTATE LIMITED PARTNERSHIPS:																										
SP	HUNT VALLEY (OWNING EMBASSY SUITES HOTEL IN HUNT VALLEY, MD) LIQUIDATED	X									Partnership Income														X		S
SP	MM LAND LTD (OWNING 57 ACRES IN HENRICO CO, VA LEASED TO RICHMOND CENTER ASSOC, LP)			X							Partnership Income								X								
SP	TIMBERLINE OFFICE PARK ASSOC, LP (OWNING TIMBERLINE OFFICE PARK AUSTIN, TEXAS)			X							Partnership Income											X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	PISCATAWAY CENTENNIAL ASSOC. LP (OWNING PISCATAWAY EMBASSY SUITES HOTEL)	X									Partnership Income						X										
SP	SOUTH NORWALK REDEVELOPMENT, LTD. (OWNING BROOKFIELD CRAFT CENTER, WASHINGTON ROW 1,2,3)	X									Partnership Income						X										
	INVESTMENT LIMITED PARTNERSHIPS:																										
SP	OFFIT INTERNATIONAL INVESTMENTS FUND, LP	See Attachment 1									Partnership Income												X				
JT	FIFTY THIRD STREET VENTURES, LP	See Attachment 2									Partnership Income						X										
	RETIREMENT PLANS:																										
SP	HARMAN INTERNATIONAL, INC. RETIREMENT PLAN (NOT SELF-DIRECTED) HELD AT PUTNAM INVESTMENTS						X																				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JANE HARMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	TRUSTS:																										
SP	SIDNEY HARMAN 1988 GRANTOR TRUST									X							X										
	JANE HARMAN 15 YEAR GRANTOR INCOME TRUST									X							X										
	JANE HARMAN 25 YEAR GRANTOR INCOME TRUST									X							X										

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
SP	US TREASURY NOTE		X		11/23/93					X		
SP	TEXAS MUNICIPAL BOND		X		5/27/93	X						
DC	GENERAL MOTORS COMMON STOCK		X		3/5/93	X						
DC	TRAVELERS COMMON STOCK	X			3/5/93	X						
DC	PAYLESS CASHWAYS SUB NOTES	X			7/16/93	X						
SP	HUNT VALLEY, LTD (LIQUIDATION)		X		12/31/93				X			

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	MCA/UNIVERSAL PAC	Jan. 10-14	Wash., DC - Los Angeles San Francisco - Wash., DC	N	N	N	2 days
	JOHN F. KENNEDY SCHOOL OF GOV'T HARVARD UNIVERSITY CAMBRIDGE, MASS.	Feb. 3-4	Wash., DC - Boston - Wash., DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	THE RAISER FOUNDATION, INC. - UNCOMPENSATED
VICE PRESIDENT	THE HARMAN FAMILY FOUNDATION - UNCOMPENSATED
MEMBER	JOHN F. KENNEDY SCHOOL OF GOV'T, HARVARD UNIVERSITY VISITING COMMITTEE - UNCOMPENSATED
TRUSTEE	JANE HARMAN 25 YEAR GRANTOR INCOME TRUST - UNCOMPENSATED
TRUSTEE	JANE HARMAN 15 YEAR GRANTOR INCOME TRUST - UNCOMPENSATED
TRUSTEE	SIDNEY HARMAN 1988 GRANTOR TRUST - UNCOMPENSATED

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

©1993 1994 SCRIBE INC.

Use additional sheets if more space is required.

JANE HARMAN
Attachment to Financial Disclosure Statement
Year Ending 12/31/93

Disclosure Regarding Limited Partnership Interest and Use of Alternative Valuation Methods:

Two basic methods have been used to determine the value of each partnership interest. These methods differ as a result of the information available at the date of filing.

Method 1

Where market value statements were available, the value was determined by applying the ownership percentage of the reporting individual to the total value of the capital account reserved for limited partners. Method 1 was implemented with regard of Offit International Investment Fund, L.P. and Fifty-Third Street Ventures, L.P.

Method 2

In some cases market value financial statements were not available. Accordingly, the ending capital balances for the reporting individual were used to value partnership interests. Method 2 was implemented with regard to Timberline Office Park Associates, MM Land Limited Partnership, Piscataway Centennial Associates and South Norwalk Redevelopment, Ltd.

JANE HARMAN
Attachment 1, 1993 Financial Disclosure Statement

Offit International Investment Fund, LP
Detail of Investment Position
12/31/93

Description	Category of Market Value
Cash & Cash Equivalents	100,001 - 250,000
International Bonds:	
Kingdom of Belgium	50,001 - 100,000
World Bank	50,001 - 100,000
Banamex Peso - Linked Mtn	1,001 - 15,000
Argentine BIC (V)'s	15,001 - 50,000
Obligation Assimable Du Tr	50,001 - 100,000
Republic of Italy	15,001 - 50,000

This is a limited partnership interest with no control over investment decisions.

JANE HARMAN
Attachment 2 1993 Financial Disclosure Statement

Fifty-Third Street Ventures, LP
Detail of Investment Position
12/31/93

Description	Category of Market Value
Public:	
Metrovision	50,001 - 100,000
Private:	
Argentum Group	1,001 - 15,000
Date/Ware Development	15,001 - 50,000
Fowler Carbonics	50,001 - 100,000
Fusion Systems	250,001 - 500,000
Fusion Lighting	1,001 - 15,000
Inland Helicopter	100,001 - 250,000
Industrial Services	50,001 - 100,000
Knowledge Engineering	1,001 - 15,000
Medical Specialties	15,001 - 50,000
Satellite Radio	1,001 - 15,000

This is a limited partnership interest with no control over investment decisions.

_D STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:56

HAND DELIVERED

MC (Office Use Only) (8)

(Full Name) J. Dennis Hastert

(Mailing Address) 7630A Route 34, P.O. Box 386
Yorkville, Illinois 60560

Daytime Telephone 202 225-2976

Filer Status	[X] Member of the U S House of Representatives	State IL Distrct 14th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: J. Dennis Hastert

DATE (Month/Day/Year): May 12, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Yorkville, Illinois District # 115	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Illinois Bell Telephone Co.	Speech	June 4, 1993	$2,000
	National Cable Television Association	Speech and Seminar Participation	June 6-7, 1993	$1,500
	National Spa and Pool Institute	Speech	August 5, 1993	$500
	National Restaurant Association	Seminar Panel Partic.	September 13, 1993	$2,000
	Searle, Inc	Speech	September 29, 1993	$1,000
	Civil Service, Inc. (American Medical Association)	Speech	October 23-24, 1993	$2,000
	Phillip Morris Corp.	Speech	November 9, 1993	$500
	Civil Service, Inc. (American Medical Association)	Speech	November 20, 1993	$2,000

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Name J. Dennis Hastert | Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	DC 123 Main St., Dover, Del.							X				X										X					
	JT 1st Bank of Peoria, IL accounts					X							X							X							
JT	Yorkville National Bank																										
	Personal Account			X									X					X									
	Farm Account			X									X					X									
JT	Rental House, located adjacent to personal home, on Rte 34, #7630, Bristol Township						X					X					X NET					X GROSS					
JT	Farm, RR1, Shipman, IL 270 Acres						X				Farm Income						X NET					X GROSS					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name J. Dennis Hastert

Page 5 of 8

	BLOCK A Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E Transaction
		A $1 – $1,000	B	C $15,001 – $50,000	D	E $100,001 – $250,000	F	G $500,001 – $1,000,000	H	DIVIDENDS		INTEREST	EXCEPTED TRUST	TRUST	None	I $201 – $1,000	II	III	IV $2,501 – $5,000	V	VI $15,001 – $50,000	VII	VIII $100,001 – $1,000,000	IX	P, S, E
	Opera House Property, 500 Lockport St. Plainfield, IL 60543 (1/2 Interest)					X				Partnership Income passed to me Rent														
JT	Townhouse, Capitol Park, Wash, DC					X					X													
	State of Illinois Pension Fund			X							NA					NA								
	Congressional Federal Credit Union		X									X				X			X					
DC	Wayne Hummer Growth Fund (Mutual Fund)		X							X		X			X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B [illegible]	C $15,001–$60,000	D [illegible]	E $100,001–$250,000	F [illegible]	G $500,001–$1,000,000	H [illegible]
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	First Midwest Bank (Joliet)	50% interest in Mortgage by Opera House Properties		X					
JT	Federal Land Bank	Mortgage on 110 acres of farmland, Shipman IL			X				
JT	Keycorp Mortgage (formerly Goldome)	Mortgage on Wash, DC Townhouse			X				
JT	Virginia First Savings Bank	Refinance mortgage on Wash, DC Townhouse 2/93			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Far East Studies Institute Traveling Seminar on Trade Relations with Pacific Rim	Jan 9-18, 1993	Air: Wash, DC to Hongkong to Chicago (Spouse originated in Chicago) Train: Hong Kong — Shenzhen, China — Hong Kong	Y	Y	Spouse	No
Illinois Cable Television Assoc. [Tour and Briefing at National Cable	Feb 7-9, 1993	Chicago - Denver - Chicago Television Labs, Boulder, CO.]	Y	Y	No	No
Klamath Alliance for Resources and Environment [Seminar on Forest Management]	June 4-6	Chicago - Redding, CA — San Francisco (ground transp. to McCloud CA from Redding, CA)	Y	Y	Spouse	No
National Cable Television Assoc. [Speech at National Convention]	June 6-7, 1993	San Francisco - Chicago	Y	Y	Spouse	No
Civic Service, Inc. (American Medical Assoc.) [Speak at AMA regional meeting]	Oct. 23-24, 1993	Chicago - San Francisco - Chicago	Y	Y	Son	No
Civic Service Inc. (American Medical Assoc.) [Speak at AMA regional meeting]	Nov 20, 1993	Wash, DC — Philadelphia — Washing DC	No	No	No	No

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Name J. Dennis Hastert	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
50% Partner	Opera House Property Partnership
President	Illinois State Society of Washington, DC
Trustee	Institute for Illinois

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
N/A	State of Illinois - State Employee Retirement System	Pension Available at Age 55 due to prior service

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

J. DENNIS HASTERT
14TH DISTRICT, ILLINOIS

2453 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1314
(202) 225-2976

27 NORTH RIVER STREET
BATAVIA, IL 60510
(708) 406-1114

1007 MAIN STREET
MENDOTA, IL 61342
(815) 538-3322

COMMITTEE ON
ENERGY AND COMMERCE

COMMITTEE ON GOVERNMENT
OPERATIONS

EXECUTIVE COMMITTEE ON
COMMITTEES

1994 MAY 24 PM 4:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515-1314

May 24, 1994

HAND DELIVERED

The Honorable Donnald K. Anderson
Clerk
U.S. House of Representatives
Records and Registration
1036 Longworth HOB
Washington, D.C. 20515

MC ✓ (2)

Dear Mr. Anderson:

I would like to file a statement of amendment to my 1993 financial disclosure report originally filed in your office May 16, 1994. On page five of the report the amount of income for the Opera House property should be none (net) and $5,001-15,000 (gross). The amount of income for the townhouse in D.C. should be $2,501-5,000, which was inadvertently marked as income for the Congressional Federal Credit Union account. The correct amount for the credit union account is $201-1,000.

Thank you for your attention in this matter.

Sincerely,

J. Dennis Hastert
Member of Congress

JDH:sl

PRINTED ON RECYCLED PAPER

Revised

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name J. Dennis Hastert

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000	DIVIDENDS; RENT; INTEREST; ROYALTIES; EXCEPTED TRUST; TRUST INCOME AND TRUST	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X Over $1,000,000	
	Opera House Property, 500 Lockport St Plainfield, IL 60543 (1/2 Interest)	E	Partnership Income from Rents	V (net); VI (gross)	
JT	Town House, Capitol Park, Wash. DC	E	INTEREST	IV	
	State of Illinois Pension Fund	C	NA	NA	
	Congressional Federal Credit Union	B	INTEREST	II	
DC	Wayne Hummer Growth Fund (Mutual Fund)	B	DIVIDENDS; INTEREST	I	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 APR 14 ... (8)

HAND DELIVERED

MC

~~HAND DELIVERED~~

Alcee L. Hastings
(Full Name)

1039 Longworth HOB, Washington, D. C. 20515
(Mailing Address)

Daytime Telephone 202-225-1313

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 23rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Alcee L. Hastings **DATE** (Month/Day/Year) 4/14/94

1621

Name	Page
Alcee L. Hastings	1 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 2 of
Alcee L. Hastings	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1999	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None			

This page may be copied if more space is required.

Name Alcee L. Hastings | Page 3 of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	8528 Longacre Drive, Miramar, Fl. 33025						X													None							
	5602 NW 206th Terr. Miami, FL. 33055 (½)					X														None							
	Marriott Ownership Resorts (½ Int.)			X																None							
	Nations Bank (Ft. Lauderdale)			X														X									
	Wright Patman Credit Union Accts. 1055 NW 183rd Street Miami, Fl. 33133			X		X												X									
																				None							

For additional assets and unearned income, use next page.

Name Hon. Alcee L. Hastings | Page 4 of

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	None											

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Name Alcee L. Hastings | Page 5 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Patricia Williams	legal fees						X	
	Terrence Anderson	legal fees							X
	Robert Catz	legal fees						X	
	Karr & McClain	legal fees				X			
	Mark McDonald	legal fees		X					
	Lewis Myers	legal fees		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CAL-PAC	Aug.25,93	Mia,Fl-Las Vegas, D. C.	Y	Y	N	N

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Name	Page 7 of
Alcee L. Hastings	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

HOUSE OF REPRESENTATIVES

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS AND REPORTS
1994 JUN -8 AM 9:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

...URE STATEMENT FOR CALENDAR YEAR 1993

Alcee L. Hastings
(Full Name)

1039 Longworth HOB, Washington, D. C. 20515
(Mailing Address)

Daytime Telephone: 202-225-1313

[X] Member of the U.S. House of Representatives — State: Florida District: 23rd

[ ] Officer or Employee — Employing Office:

[X] Annual (May 15)

[X] Amendment

[ ] Termination — Termination Date:

A false or misleading statement filed knowingly and willfully subjects the person who files the statement to civil and criminal sanctions.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

...ble "earned" income (e.g., salaries or fees) ...source in the reporting period? ...ch Schedule I.	Yes [ ]	No [X]	Did you, your spouse, or a ... reportable gift in the reporting period (e.g., ... than $250 and not ...)? If yes, complete and ...	[ ] / [X]
...or organization make a donation to charity in lieu ...for a speech, appearance, or article in the reporting ... and attach Schedule II.	Yes [ ]	No [X]	Did you, your spouse, or a ... reportable travel or ... period (...) If yes, complete and ...	[X] / [ ]
...spouse, or a dependent child receive "unearned" ...than $200 in the reporting period or hold any ... worth more than $1,000 at the end of the period? ...ch Schedule III.	Yes [X]	No [ ]	Did you, your spouse, or a ... gift of travel ... If yes, complete and ...	[ ] / [X]
...spouse, or dependent child purchase, sell, or ...reportable asset worth more than $1,000 in the ...d? ...ete and attach Schedule IV.	Yes [ ]	No [X]	Did you have any liabilities ... an outside entity? If yes, complete and ...	[ ] / [X]
...spouse, or a dependent child have any liabilities ...than $10,000) during the reporting period? ...ete and attach Schedule V.	Yes [X]	No [ ]	Each question ... appropriate adjustment.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

...Qualified Blind Trust" approved by the Committee on Standards of Official Conduct and certify other ... ...uded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions ...	[ ]	[X]
...uded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or depen... ...exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

...Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting ... ...tion and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who ... willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Alcee L. Hastings

DATE (Month/Day/Year): 6/8/94

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS AND REGISTRY

1994 JUN -8 AM 9:40

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Alcee L. Hastings
(Full Name)

1039 Longworth HOB, Washington, D. C. 20515
(Mailing Address)

Daytime Telephone: 202-225-1313

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: 23rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Alcee L. Hastings **DATE** (Month/Day/Year) 4/14/94

1630

Name	Page
Alcee L. Hastings	1 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name Alcee L. Hastings | Page 2 of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Alcee L. Hastings

Page 3 of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples:	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	8528 Longacre Drive, Miramar, Fl. 33025						X													None							
	5602 NW 206th Terr. Miami, FL. 33055 (½)					X														None							
	Marriott Ownership Resorts (½ Int.)			X																None							
	Nations Bank (Ft. Lauderdale)			X														X									
	Wright Patman Credit Union Accts.			X									X					X									
	~~1055 NW 183rd Street Miami, Fl. 33133~~					X					X									None		X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hon. Alcee L. Hastings

Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name Hon. Alcee L. Hastings

Page 4 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	None											

This page may be copied if more space is required.

Name Alcee L. Hastings | Page 5 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Patricia Williams	legal fees						X	
	Terrence Anderson	legal fees							X
	Robert Catz	legal fees						X	
	Karr & McClain	legal fees				X			
	Mark McDonald	legal fees		X					
	Lewis Myers	legal fees		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
CAL-PAC		Aug.25,93 {Retuned 26th}	Mia,Fl-Las Vegas, D. C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

ALCEE L. HASTINGS
23D CONGRESSIONAL DISTRICT,
FLORIDA

COMMITTEE ON
FOREIGN AFFAIRS
SUBCOMMITTEES
AFRICA
EUROPE AND THE MIDDLE EAST

COMMITTEE ON
MERCHANT MARINE AND FISHERIES
SUBCOMMITTEES
MERCHANT MARINE
COAST GUARD AND NAVIGATION

COMMITTEE ON
POST OFFICE AND CIVIL SERVICE
(TEMPORARY MEMBER)
SUBCOMMITTEE
INVESTIGATIONS

Congress of the United States
House of Representatives
Washington, DC 20515-0923

PLEASE RESPOND TO:

☐ 1039 LONGWORTH BUILDING
WASHINGTON, DC 20515-0923
TELEPHONE (202) 225-1313
FAX (202) 226-0690

☐ 2701 W. OAKLAND PARK BOULEVARD
SUITE 200
OAKLAND PARK, FL 33311
TELEPHONE (305) 733-2800
FAX (305) 735-9444

☐ 5725 CORPORATE WAY
SUITE 208
WEST PALM BEACH, FL 33407
TELEPHONE (407) 684-2665
FAX (407) 684-3512

June 13, 1994

HAND DELIVERED

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
JUN 13 PM 4:57
RECEIVED

MC

Office of The Clerk
U. S. House of Representatives
Office of Records and Registration
1036 Longworth HOB
Washington, D. C. 20515

Dear Mr. Anderson:

I am enclosing an amended copy of Schedule VII-Fact Finding, Substantial Participation, and Other Travel of my Disclosure Statement.

I realized I inadvertently omitted a trip taken to Israel from May 31st thru June 7, 1993. I left Washington to New York to Tel Aviv back to Washington. The trip was sponsored by AIPAC, The American Israel Public Affairs Committee, Florida Regional Office.

I thank you for your attention to this matter.

Sincerely,

Alcee L. Hastings

Alcee L. Hastings
Member of Congress

ALH:dd
encl

PRINTED ON RECYCLED PAPER

Corrected Copy, June 13, 1994

Name Alcee L. Hastings | Page 6 of ___

RECEIVED
OFFICE OF RECORDS

SCHEDULE VII —FACTS-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

1994 JUN 13 PM 4: 5

HAND DELIVERED

Identify the most and last travel itinerary, dates, and nature of expenses provided for travel and lodging [illegible] you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied you [illegible] the purpose of travel, and whether it was a campaign expense. Disclosure is required regardless of whether the expenses were reimbursed by the campaign.

Exclude [illegible] provided by federal, state, and local governments, or by a foreign government required to be separately [illegible] Federal [illegible] (2 U.S.C. § 7342); travel paid for by campaign funds; travel [illegible] to a spouse or dependent [illegible] For further information, see instructions, pages 24–25.

[illegible]	Dates	Point of Departure, Destination, Purpose	[illegible]	[illegible]	Was a Family Member Accompanied (Y/N)	[illegible]
[illegible]	[illegible]	Wash. D.C.—Chicago—Miami, FLO	[illegible]	[illegible]	N. Y	[illegible]
CAL-PAC	Aug.25,93 (Rtn,8-27-93)	Mia,Fl-Las Vegas,D. C.	Y	Y	N	N
Correction AIPAC	May 31st- thru June 7,1993	Wash.DC.,NY, Tel Aviv	Y	Y	N	N
(American Israel Public Affairs Committee						

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 11 PM 2:38
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

7

JAMES A. HAYES
(Full Name)

2432 RAYBURN H.O.B.
WASHINGTON, D.C. 20515
(Mailing Address)

202-225-2031
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State LA District 7	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL James A. Hayes

DATE (Month/Day/Year) 5-11-94

Name JAMES A. HAYES	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	HAYES, DOMENICI & NUNN (public relations - events)	spouse income	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	JAMES A. HAYES	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	INDIANA FARM BUREAU	SPEECH	12-7-93	$500.00
	FERTILIZER INSTITUTE	"	1-29-93	$2000.00
	SOD PRODUCERS	"	2-5-93	$2000.00
	EXXON	"	5-3-93	$1000.00
	CAPITOL FORUM	"	11-9-93	$500.00

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Name JAMES A. HAYES Page 4 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X						X																P
			123 Main St., Dover, Del.						X					X															
			1st Bank of Peoria, IL accounts				X								X														
JT	WRIGHT PATTMAN CREDIT UNION				X									X						X									

For additional assets and unearned income, use next page.

Name JAMES A. HAYES | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	WOODLANDS PROP. PART	NOTE	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name	JAMES A. HAYES	Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	TOBACCO INSTITUTE	1-14-93	WASH. D.C. - HOUSTON - WASH. D.C. (FLIGHT CANCELLED - WA)	N	N	N	N
	GOLF COURSE SUPTS.	1-28/29-93	WASH. D.C. - ANAHEIM - WASH. D.C.	Y	Y	N	N
	FERTILIZER INSTITUTE	2-1-93	WASH. D.C. - NEW ORLEANS - WASH D.C.	Y	Y	N	N
	SOD PRODUCERS	2-5-93	WASH, D.C. - NEW ORLEANS (ONE WAY)	N	N	N	N
	ICSC [redacted]	2-18-93	WASH, D.C. - BIRMINGHAM - WASH, D.C.	N	N	N	N
	INT'L LIVE STOCK	2-24/25-93	WASH, D.C. - HOUSTON - WASH, D.C.	Y	Y	N	N
	AM. ASSO. AIRPORT EXEC.	5-9/10-93	WASH, D.C. - DALLAS - WASH, D.C.	Y	Y	N	N
	ASSO. ENVIRONMENTAL JOURN.	10-24-93	WASH, D.C. - RALEIGH - LAFAYETTE, LA.	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SECRETARY	EVANGELINE OIL REALTY CORP. LAFAYETTE, LA. - FAMILY CORP (NON-COMPENSATED)
BOARD	AMERICAN NUMISMATIC SOCIETY - NEW YORK - NON-PROFIT (NON-COMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 PM 2:23

INSIDE MAIL
(Office Use Only)

8

MC

JOEL M. HEFLEY
(Full Name)

RM 2442 Rayburn HOB
(Mailing Address)

WASH. DC 20515

(202) 225-4422
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: CO District: 5TH	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Joel M. Hefley	**DATE** (Month/Day/Year) 5-12-94

1648

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Spouse: Lynn Hefley TRIPLE DIAMOND LTD. (wholly owned small business) Property MANAGEMENT		

For payments to charity in lieu of honoraria, use Schedule II.

Name Joel Hefley | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
Examples:	123 Main St., Dover, Del.							X				X										X					
Examples:	1st Bank of Peoria, IL accounts					X							X							X							
JT	1/2 INTEREST IN DARBROOK MANOR APTS N. HANCOCK ST. CO. SPRINGS, CO					X						X										X					
JT	JAMES LN. APTS JAMES LN. CO. SPRINGS, CO.				X							X										X					S
JT	1/2 INTEREST IN FOOTE AV. APTS. FOOTE AV. CO. SPRINGS, CO.				X							X										X					
JT	1/2 INTEREST IN FRIENDSHIP PL. APTS. FRIENDSHIP PL. CO. SPRINGS, CO.				X							X										X					
	PIPER, JAFFRAY & HOPWOOD MONEY MKT. ACCT. 25 N. CASCADE AV. CO. SPS, CO.					X							X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOEL M. HEFLEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	1/2 INTEREST IN FARM N. MARTHER, EDMOND, OK.					X						X								X							S
	PUBLIC EMPLOYEES Retirement asso. Den. Co.				X																						
	TEACHERS INS. ANNUITY ASSO.						X																				

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Name Joel M. Hefley

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	James Ln. Apts.		X		3-31-93			X				
	Okla. FARM		X		10-15-93			X				

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Name JOEL M. HEFLEY | Page 7 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Jim Bunten	1/6 of Mortg. on Parkmoor Apt Hancock St. - Co. Sp., Co.			X				
JT	Principal Mutual Life - Des Moines, IA.	Mortg. on James Ln. Apts Co. Sp., Co.		X					
JT	Beverly Group - Denver, Co.	Mortg. on James Ln Apts Co. Sp., Co.			X				
JT	Lomas Co. - Dallas, Tx.	1/2 Mortg. on Friendship Pl. Apts. Co. Springs, Co.		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
EIA		April 6-8	CO. SP. — AT MEYER - CO. SP.	Y	Y	Y	N
NCI		April 15-18	WASH., DC - SAVANNAH - WASH DC.	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 2:47

10

W. G. (Bill) Hefner

2470 Rayburn Building

Washington, D. C. 20515 (202) 225-3715

NC
Eighth

Filer Status	[X] Member of the House of Representatives	NC Eighth	[ ]
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL W. G. Bill Hefner

DATE (Month, Day, Year) 5/11/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Long and Foster Real Estate	Spouse Commissions	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Smokeless Tobacco Council, Inc.	Charity Golf Tournament	May 24, 1993	1,000

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Name W. G. (Bill) Hefner

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
	American Tel & Tel stock				X						X								X								P
	General Electric Co. stock				X						X									X							
	Gillette Co. stock				X						X								X								
	Occidental Petroleum stock				X						X								X								S
	Philip Morris Cos., Inc. stock				X						X			X						X							S
	Time Warner Inc. stock					X					X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. G. (Bill) Helner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Tyson Foods Inc. "A" stock				x						x							x									
	Wal-Mart Stores, Inc. stock				x						x							x									
	Nationsbank Corp. stock	x									x			x								x					S
	Fidelity Municipal Bond Fund	x									x			x						x							S
	Putnam Tax Free Insured Funds	x									x			x										x			S
	Smallcap World Fund stock				x						x									x							
	Capital World Growth & Income Fund				x						x								x								P
	Mutual Benefit Theatre Partners	lll		x							Partnership Income										x						
	Metro Washington, D.C. 8% Airport Bonds			x									x						x								
	Centennial Money Market Trust			x							x							x									
	Kemper Tax Exempt Ins.Inc.Trust				x								x							x							
S	Washington Mutual Investors Fund			x							IRA						x										
	Fidelity Low-Priced Stock Fund				x						SEP – IRA						x										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name W. G. (Bill) Hefner

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Congressional Federal Cr.Union							x					x							x							
	House, 1065 North Nelson St.,																										
	Arlington, VA						x					x										x					
	Chappell Chevrolet-Buick-																										
	Cadillac, Inc. stock							x									x										

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Name W. G. (Bill) Hefner

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	American Tel & Tel Co. stock	x			10-25-93		x					
	Occidental Petroleum stock		x		10-25-93		x					
	Nations Bank Corp. stock		x		08-27-93			x				
	Philip Morris Cos., Inc. stock		x		02-24-93		x					
	Fidelity Municipal Bond Fund		x		Var-1993		x					
	Putnam Tax Free Insured Fund		x		Var-1993						x	
	Capital World Growth & Income Fund	x			02-25-93		x					
	Chappell Chevrolet-Buick-Cadillac, Inc.	x			Dec. 1993					x		

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Name W. G. (Bill) Hefner | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Fleet Real Estate Funding Corp. Florence, SC	Mortgage on 1065 North Nelson St., Arlington, VA			X				
	A. G. Edwards & Sons, Inc. Alexandria, VA	Margin account			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Tel & Tel Co.	Apr.20-21	Wash.,D.C.-Greensboro, NC-Wash.D.C.	Y	Y	N	N
	Association of the U.S. Army	Feb.18-19	Wash.,D.C.-Ft.Bragg, NC-Wash.,D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Mutual Benefit Theatre Partners, III
Secretary	Chappell Chevrolet-Buick-Cadillac, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75 884 (mar)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

FILE FINANCIAL DISCLOSURE
1994 MAY 12 PM 2:22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)
4

WALTER WILLIAM HERGER, JR.
(Full Name)
2433 Rayburn House Office Building
(Mailing Address)
Washington, DC 20515
Daytime Telephone (202) 225-3076

Filer Status	[X] Member of the U.S. House of Representatives	State Calif District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Wally Herger

DATE (Month/Day/Year) May 12, 1994

1666

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERGER

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	EXCEPTED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
1120 4th Ave (Rio Oso, CA)						X					X											X				
Herger Ranch (Rio Oso, CA)								X				N/A				X										
Herger Gas, Inc. (Rio Oso, CA)								X			S-Corp Allocation											X				
Montrose Barber Investment (Sacramento, CA)				X								N/A				X										
Shearson Lehman (IRA)				X								N/A								N/A						
Wright Patman Credit Union			X									X					X									
Nation's Bank (Springfield, VA)				X								X						X								

This page may be copied if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Institute, Inc	Feb. 25-27	WDC- New Jersey - WDC	Y	Y	Y	N
	Klamath Alliance for Resources & Environment	June 4-6	WDC-Redding (CA)-WDC	Y	Y	Y	N
	National Agricultural Chemicals Assoc.	Sept. 24-27	WDC-West Virginia-WDC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (uncompensated)	Herger Gas, Inc. (Propane Gas Distributor, Rio Oso, CA)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:15

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Earl Frederick Hilliard
(Full Name)

P. O. Box 11385
(Mailing Address)

(202) 225-2665
Daytime Telephone

Birmingham, Alabama 35202-1385

Filer Status	[X] Member of the U.S. House of Representatives	State Alabama District 7th C.D.	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
Earl F. Hilliard	May 16, 1994

1670

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Alabama Community Assistance Program	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
St. John Baptist Church, Hurtsville, AL	Speech	4/11/93	500.00
Mt. Olive Baptist Church, Anniston, AL	Speech	9/12/93	1,000.00
25th Avenue Baptist Church, Birmingham, AL	Speech	12/05/93	250.00
AT&T, Atlanta, GA	Speech	12/28/93	1,380.00

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Name *Earl Frederick Hillaird* Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X						X								X								P
			123 Main St., Dover, Del.							X				X										X					
			1st Bank of Peoria, IL accounts					X							X							X							
	State of Alabama Pension Fund					X												X											
	Hilliard For Congress (account receivables)						X											X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name *Earl Frederick Hilliard* Page *4* of *8*

BLOCK A Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
	A $1 – $1,000	B	C $15,001 – $50,000	D	E $100,001 – $250,000	F	G $500,001 – $1,000,000	H	DIVIDENDS	INTEREST		EXCEPTED TRUST			I None	II $201 – $1,000	III	IV $2,501 – $5,000	V	VI $15,001 – $50,000	VII	VIII $100,001 – $1,000,000	IX	P, S, E
N/A	*X*														*X*									

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SCHEDULE IV — TRANSACTIONS

Name *Earl Frederick Hilliard* Page *5* of *8*

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction						
		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP, DC, JT	Asset											
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	N/A											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	AmSouth Bank, Birmingham, AL	Signature Loan		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Coordination Council for North American Affairs	Apr. 4-10	Wash.,D.C.- Los Angeles Taiwan- Los Angeles-Atlanta-Birmingham	Y	Y	Y	N
	American Israel Educ. Found.	June 1-8	Birmingham-New York-Tel Aviv- New York-DC	Y	Y	Y	N
	Congressional Black Caucus	June 24-27	Wash.D.C.-Los Angèles Wash. D.C.	Y	Y	Y	N
	Far East Studies Institute	Aug 10-26	Wash., D.C.-Tokyo-Beijing-Peking-Hong Kong- Tokyo-Chicago-Wash. D.C.	Y	Y	N	N
	Comte. on Agric. Virgin Island Senate	Sept. 1-2	Birmingham-St. Thomas virgin Island- B'ham	Y	Y	N	N
	Metropolitan Comm. Church	Oct. 2-3	Birmingham- Los Angeles Birmingham	Y	Y	N	N
	Chicago Mercantile Exch.	Dec. 17	Birmingham-Chicago-Birmingham	N	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Tuskegee University (uncompensated)
Trustee	Miles College Law School (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED (5)
(Office Use Only)

MAURICE D HINCHEY
(Full Name)

3101 Powderkill Rd.
SAUGERTIES, N.Y. 12477
(Mailing Address)

Daytime Telephone (202) 225-6335

Filer Status	[X] Member of the U.S House of Representatives	State NY District 26	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Maurice D. Hinchey

DATE (Month/Day/Year): 5/12/94

1679

Name MAURICE HINCHEY | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	STATE OF NEW YORK	STATE PENSION	5,170.–

For payments to charity in lieu of honoraria, use Schedule II.

Name MAURICE Hinchey | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X																P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X							X							
	ALFACELL CORP STOCK			X													X										
	PRUDENCIAL VARIABLE INVESTMENT PLAN (IRA)			X													X										

For additional assets and unearned income, use next page.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICAN ISRAEL EDUCATION FOUNDATION	July 5-11 1993	NYC, NY-TEL AVIV-NY, NY	Y	Y	N	N
	SOUTHERN UTAH WILDERNESS ASSOC.	Aug 12-16 1993	NY, NY-SALT LAKE-NY, NY	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	WAMC PUBLIC RADIO (UNCOMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 31 AM 8:46

HAND DELIVERED

MC

(Office Use Only) 13

Peter Hoagland
(Full Name)

1113 Longworth HOB
(Mailing Address)

Washington, D.C. 20515

202-225-4155
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: NE District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) 5/27/94

Name Peter Hoagland | Page 2 of 13

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	none		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Peter Hoagland

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Asset and/or Income Source		Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction (P, S, E)
Examples: SP, DC, JT — SP: Mega Corp. Stock					X						X								X								P
123 Main St., Dover, Del.								X				X															
1st Bank of Peoria, IL accounts						X							X							X							
Fidelity Cash Reserves						X							X								X						
Congressional FCU - Family Account			X										X						X								
Fidelity Sparten Municipal Bond Fund								X					X							X							
Norwest Money Market Savings			X										X					X									
Vanguard Fixed Income Securities Fund							X						n/a									n/a					
Fidelity Capital and Income Fund (IRA)				X									n/a									n/a					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Hoagland

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
SP	Fidelity Investment Grade Bond Fund			X									n/a						n/a								
	Carpenter Cottage Corp. *					X											X										
	Loan to Hoagland for Congress					X							X				X										
	Hoagland Family Partnership ** See Addendum A	X																									

*The sole assets of the Carpenter Cottage Corp. consist of a cottage and land at Omaha Beach, Lake Okoboji, Iowa. All outstanding stock is owned by me and other family members.

**My interest in the Hoagland Family Partnership was liquidated effective October 31, 1993. The assets were placed in a qualified blind trust in early 1994.

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Peter Hoagland

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Hoagland Family Partnership – See Addendum B											

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

Peter J. Hoagland

Addendum A

Schedule III - Assets and "Unearned" Income

The Hoagland Family Partnership is a partnership consisting of members of the Hoagland family formed for the purpose of investing funds in the stock and bond markets. My interest in the partnership was liquidated effective October 31, 1993. The assets of the partnership on October 31, 1993, were as follows. The valuation, type of income, and category of amount of income columns indicate my share, not that of the Partnership. All earnings from partnership interests were reinvested in the partnership; none were distributed to me.

Description	Valuation	Type of Income	Category of Amount of Income
Common Stock			
ALLERGAN INC COM	B	None	None
BANKAMERICA CORP COM	B	None	None
CHINA FD INC CON			
HOLLY CORP COM	B	None	None
INTEL CORP COP	B	None	None
ADR GLO ITO YOKADO LTD. A.D.R. NEW 50 VEN	C	None	None
MANITOWOC CO. INC. COM.	B	None	None
NWNL COMPANIES INC. COM.	B	None	None
NATIONSBANK CO PR. COM.	C	None	None
ADR NESTLE SA	C	None	None
PURITAN-BENNETT CORP CON.	B	None	None
ADR TELEFONOS DE MEX	C	None	None

Description	Valuation	Type of Income	Category of Amount of Income
EASTMAN KODAK	C	None	None
SAFEWAY	B	None	None
NEWMONT MINING CORP	C	None	None
QUALITY PRODS	B	None	None
ADR SEGA ENTERPRISES	B	None	None
Municipal Bonds			
AK ST HSG FIN CORP HOME	B	None	None
CARBONDALE ILL MTG REV	C	None	None
CG PK GA BUSINESSES & INDL DEV AUTH	B	None	None
ESPANOLA N.MEX HOSP SYS	B	None	None
FLA ST MUN PWE AGY	B	None	None
GRAND RIV DAM AUTH OKLA	B	None	None
GRTR ORLANDO AVIATION AUTH FLA AIRPT FAC	B	None	None
MICH ST HOSP FIN AUTH	C	None	None

Description	Valuation	Type of Income	Category of Amount of Income
MO ST HSG DEV COMMN	A	None	None
OCEAN TWP NJ SWR AUTH	B	None	None
P.R. COMWLTH AQUEDUCT & SWR AUTH	C	None	None
PUERTO RICO HSG FIN CORP	B	None	None
RHODE ISLAND ST PB BLDGS AUTH	B	None	None
SEATTLE WASH MUN LT & PWR	B	None	None

Peter J. Hoagland

Addendum B

Schedule IV - Transactions

The following transactions of Hoagland Family Partnership assets occurred between the dates of January 1, 1993 and October 31, 1993, which is the period in 1993 during which I had an interest in the Partnership. The amounts indicated are for my share of each transaction.

Description	Purchase Date	Sale Date	Amount of Transaction
Purchases:			
ADR SEGA ENTERPRISES LTD	3-17		B
QUALITY PRODS INC.	3-16		B
NEWPORT MINING CORP.	5-13, 10-19		C
SAFEWAY	4-20		B
EASTMAN KODAK	8-10, 8-18		C
Sales:			
CIBA GEIGY ADRS		2-3	B
VALLEY NATL CORP ARIZ		2-26	B
HEWLITT PACKARD CO		3-3	B
VALLEY NATL CORP ARIZ		3-19	C
TRINITY INDUS		4-30	C
ALASKA		6-1	B
MCDONALDS CORP		6-15	C
NATIONSBANK		7-1	C
MATSUSHITA		8-12	C

Peter J. Hoagland

Addendum B

Description	Purchase Date	Sale Date	Amount of Transaction
SUN MICROSYSTEMS		9-17	B
WASH PUB POWER		10-28	B

PETER HOAGLAND
2ND DISTRICT, NEBRASKA

1113 LONGWORTH HOUSE
OFFICE BUILDING
WASHINGTON, D.C. 20515-2702
(202) 225-4155

8424 ZORINSKY FEDERAL BUILDING
215 NORTH 17TH STREET
OMAHA, NEBRASKA 68102-4910
(402) 344-8701

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON
WAYS AND MEANS

SUBCOMMITTEES:
TRADE
SELECT REVENUE MEASURES

Congress of the United States
House of Representatives

July 15, 1994

4

RECEIVED
94 JUL 18 AM 9:00
COMMITTEE ON STANDARDS

✓
MC

The Honorable Jim McDermott
Chairman
Committee on Standards of Official Conduct
U.S. House of Representatives
HT2 Capitol
Washington, D.C. 20515

Dear Mr. Chairman:

Please accept the following changes to my 1993 Financial Disclosure Form:

On page 3:

Fidelity Sparten Municipal Bond Fund was purchased on November 23, 1993.

On page 12:

ALASKA was listed in 1992 as AK ST HSG FIN CORP HOME

On pages 9-11:

please see attached

Thank you for your assistance with this matter.

Sincerely,

Peter Hoagland

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

Peter J. Hoagland

Addendum A

Schedule III - Assets and "Unearned" Income

The Hoagland Family Partnership is a partnership consisting of members of the Hoagland family formed for the purpose of investing funds in the stock and bond markets. My interest in the partnership was liquidated effective October 31, 1993. The assets of the partnership on October 31, 1993, were as follows. The valuation, type of income, and category of amount of income columns indicate my share, not that of the Partnership. All earnings from partnership interests were reinvested in the partnership; none were distributed to me.

Description	Valuation	Type of Income	Category of Amount of Income
Common Stock			
ALLERGAN INC COM	B	Div	I
BANKAMERICA CORP COM	B	Div	II
CHINA FD INC CON	B	Div	I
HOLLY CORP COM	B	Div	I
INTEL CORP COP	B	Div	I
ADR GLO ITO YOKADO LTD. A.D.R. NEW 50 VEN	C	Div	I
MANITOWOC CO. INC. COM.	B	Div	II
NWNL COMPANIES INC. COM.	B	Div	II
NATIONSBANK CO PR. COM.	C	Div	II
ADR NESTLE SA	C	Div	II
PURITAN-BENNETT CORP CON.	B	Div	I
ADR TELEFONOS DE MEX	C	Div	II

Description	Valuation	Type of Income	Category of Amount of Income
EASTMAN KODAK	C	Div	II
SAFEWAY	B	Div	I
NEWMONT MINING CORP	C	Div	II
QUALITY PRODS	B	Div	I
ADR SEGA ENTERPRISES	B	Div	I
Municipal Bonds			
AK ST HSG FIN CORP HOME	B	Int	I
CARBONDALE ILL MTG REV	C	Int	II
CG PK GA BUSINESSES & INDL DEV AUTH	B	Int	II
ESPANOLA N.MEX HOSP SYS	B	Int	II
FLA ST MUN PWE AGY	B	Int	I
GRAND RIV DAM AUTH OKLA	B	Int	II
GRTR ORLANDO AVIATION AUTH FLA AIRPT FAC	B	Int	II
MICH ST HOSP FIN AUTH	C	Int	III

Description	Valuation	Type of Income	Category of Amount of Income
MO ST HSG DEV COMMN (Missouri)	A	Int	I
OCEAN TWP NJ SWR AUTH	B	Int	II
P.R. COMWLTH AQUEDUCT & SWR AUTH	C	Int	III
PUERTO RICO HSG FIN CORP	B	Int	II
RHODE ISLAND ST PB BLDGS AUTH	B	Int	II
SEATTLE WASH MUN LT & PWR	B	Int	II

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INSIDE MAIL

Congress of the United States
House of Representatives
Committee on Standards of Official Conduct
Washington, DC 20515-6328

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BERNARD RAMO, CHIEF COUNSEL

22

1994 FEB 10 P 2:46
U.S. HOUSE OF REPRESENTATIVES

February 8, 1994

MC

The Honorable Peter Hoagland
U.S. House of Representatives
1113 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This acknowledges the receipt of documents relating to your proposed qualified blind trust which were submitted for Committee review pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. App. 6, § 102(f)(3)). The documents, which were prepared in consultation with Committee legal staff, have been executed by you, Thomas A. Jenkins on behalf of Bank One, Indianapolis, NA, as trustee, and David M. Kirr on behalf of Kirr, Marbach & Company as investment adviser. In addition to the executed trust instrument, you have also submitted certificates of independence for the trustee and the investment adviser, and the investment agreement with Kirr, Marbach & Company.

The Committee finds that the executed trust instrument meets the requirements of the Ethics in Government Act, as amended. Furthermore, we find that Bank One, Indianapolis, NA, and Kirr, Marbach & Company meet the criteria of 5 U.S.C. App. 6, §102(f)(3)(A), and approve their services as trustee and investment adviser, respectively. This conclusion is based on the certifications signed by you, and representatives of Bank One, Indianapolis, NA, and Kirr, Marbach & Company. Signed copies of the Blind Trust Agreement and the certificates of independence are returned herewith.

Please be advised that if any additional assets (other than cash) are transferred to this trust, you are required to notify this Committee of the identity and category of value of each such asset within thirty days of accomplishing the transfer. *See* 5 U.S.C. App.6, § 102(f)(5)(B). The trustee is required to notify both you and this Committee in the event that an asset transferred to the trust is disposed of or when its value is less than $1,000. *See* 5 U.S.C. App. 6, § 102(f)(3)(C)(iii). Until such action occurs, any asset placed in the trust will continue to be considered a financial interest of yourself for purposes of conflict of interest statutes and regulations. *See* 5 U.S.C. App.6, §102(f)(4). Finally, this Committee should be notified of the dissolution of the trust and the assets therein (including their categories of value) at the time of dissolution pursuant to 5 U.S.C. App. 6, §102(f)(5)(C).

Copies of these documents are being forwarded to the Office of Records and Registration for placement on the public record in accordance with 5 U.S.C. App. 6, § 102(f)(7)(B). Any income derived from the trust would first be reported on your Financial Disclosure Statement due on or before May 15, 1995. *See* 5 U.S.C. App. 6, §102(a)(1)(B).

If you have any questions concerning the disclosure requirements applicable to this trust or need any additional information, please contact Committee Counsel Charles J. Willoughby at (202) 225-7103.

Sincerely,

Jim McDermott
Chairman

Fred Grandy
Ranking Minority Member

JS:CJW

Enclosures

cc, with enclosures, to:

Office of Records and Registration
1036 Longworth House Office Building

THE PETER HOAGLAND BLIND TRUST

Peter Hoagland of Omaha, Nebraska, herewith transfers the sum of Ten Dollars ($10) to Bank One, Indianapolis, NA, as Trustee hereunder (the "Trustee"), and the Trustee hereby acknowledges receipt of said sum and agrees, for itself, any additional Trustees and all successors in office, to hold said sum, together with all additions thereto accepted by the Trustee, IN TRUST, as follows:

FIRST: This trust may be known as the "Peter Hoagland Blind Trust". Peter Hoagland (the "Donor") is presently the United States Representative from the 2nd Congressional District of Nebraska and wishes to establish a qualified blind trust as defined in Section 102(e)(3) of the Ethics in Government Act of 1978, as from time to time amended (the "Act", codified at 2 U.S.C. §701 et seq.). References herein to an "interested party" or to "interested parties" include the Donor, his spouse, and dependents as defined in the Act. Attached to this instrument at Annex A are the names of the Donor's spouse and children, constituting all interested parties as such term is defined in the Act. The Trustee may assume the accuracy of Annex A unless and until the Donor submits a revised Annex A to the Trustee. References to particular provisions of the Act include corresponding or comparable provision of subsequent legislation. Reference to the "Committee" means the Committee on Standards of Official Conduct of the United States of Representatives and includes any successor supervising ethics office of the Donor. For purpose of all notices and communications required to be filed by the Trustee with the Committee, such notices shall be forwarded to the following address unless a different address is specified in writing by the Donor or the Committee to the Trustee:

Committee on Standards of Conduct
U.S. House of Representatives
HT-2
U.S. Capitol
Washington, D.C. 20515

and shall be deemed to have been sufficiently given if mailed in an envelope, postage prepaid, addressed to the Committee.

SECOND: The Trustee may not accept any asset from any interested party unless it is (a) free of any restriction with respect to its transfer of sale, or (b) the restriction is expressly approved in writing by the Committee. For purposes of this Article SECOND, the Trustee may assume that all cash transferred by the Donor to the Trustee for investment with Kirr, Marbach & Company pursuant to Article SEVENTH (a) below is free of any restriction with respect to transfer or sale.

THIRD: Notwithstanding any other provision of this instrument, the trust hereunder shall be subject to the following provisions:

(a) The Trustee in the exercise of the Trustee's authority and discretion to manage and control the assets of the trust shall not consult or notify any interested party;

(b) The Trustee shall neither accept from any interested party nor acquire any asset the holding of which by any an interested party is prohibited by any law or regulation, and the Trustee shall promptly dispose of any such asset otherwise coming to the trust, to the end that the trust shall not contain any such asset; provided that for purposes of this subpart (b), the Trustee may assume that any asset acquired by the Trustee through instruction of Kirr, Marbach & Company pursuant to Article SEVENTH (a) below, is an asset the holding of which is not prohibited by any law or regulation;

(c) The Donor shall, within 30 days of the date of any transfer of an asset to the Trust, file with the Committee a report which identifies each asset so transferred and the category of value of each such asset, provided that no such report is required to be filed if the transferred asset is comprised of cash;

(d) The Trustee shall promptly notify the Donor and the Committee when the holdings of any particular asset transferred to the trust by any interested party are disposed of or when the value of such holding is less than $1,000;

(e) The trust tax returns shall be prepared by the Trustee or the Trustee's designee, and such returns and any information relating thereto (other than the trust income summarized in appropriate categories necessary to complete the Donor's tax returns) shall not be disclosed to any interested party;

(f) No interested party shall receive any report on the holdings and sources of income of the trust, except a report may be furnished to the Donor at the end of each calendar quarter with respect to the total cash value of the interest of the Donor in the trust or the net income or loss of the trust or any

reports necessary to enable the Donor to complete an individual tax return required by law to provide the information required by Section 102(a)(1)(B) of the Act, but such report shall not identify any asset or holding;

(g) Except for communications which consist of (i) a request for distributions of cash or other unspecified assets of the trust, of (ii) a transmission to the Donor of an amendment to qualify or continue to qualify the trust as a blind trust or to the Trustee for the Trustee's consent of an amendment to the provisions of Article FIFTH (b) (which provisions are exempt from public disclosure under Section 102(e)(5)(A)(i) of the Act), which amendments are provided for in Article SIXTH below or (iii) a notice of resignation or removal of a Trustee, there shall be no direct or indirect communication between the Trustee and any interested party with respect to the trust unless such communication is in writing and unless it relates only (I) to the general financial interest and needs of the interested party (including, but not limited to, an interest in maximizing income or long-term capital gain), (II) to the notification of the Trustee of a law or regulation subsequently applicable to the Donor which prohibits the interested party from holding an asset and which notification directs that the asset not be held by the trust, or (III) to directions to the Trustee to sell all of an asset initially placed in the trust by an interested party which in the determination of the Donor creates a conflict of interest or the appearance thereof due to the subsequent assumption of duties by the Donor (but nothing herein shall require any such direction); and the initiating individual shall, within the time required by the Act, file with the Committee such copies of written communications with respect to the trust which are initiated by an interested party or the Trustee as are required by the Act;

(h) The interested parties shall make no effort to obtain information with respect to the holdings of the trust, including obtaining a copy of any trust tax returns filed or any information relating thereto except as otherwise provided in this trust; and

(i) Any substitution or replacement of the Trustee or of Kirr, Marbach & Company must be in compliance with the Act and may only be effected by the Donor with the prior written consent of the Committee.

FOURTH: The net income, together with such amounts of cash or other unspecified assets from principal as the Donor may from time to time request, shall be distributed to the Donor or as he from time to time directs. The receipt

by Donor of such distribution shall fully discharge the Trustee who need not see to the further application of any such distribution.

FIFTH: The trust shall terminate on the Donor's death, or the earlier receipt by the Trustee of a written instrument of revocation and dissolution, which has been signed and acknowledged by the Donor, if he is of full legal capacity, or if he is not of full legal capacity, by his legal guardian or similar legal representative. A copy of such instrument together with a list of assets and the category of value of each asset at the time of such revocation and dissolution shall be filed by the Donor or his legal guardian, as applicable, with the Committee, within thirty days. Upon termination, the then trust property shall be disposed of as follows:

(a) If the Donor is then living, the then trust property shall be distributed to the Donor or as he directs,

(b) If the Donor is not then living, the trust property shall be distributed as he shall have appointed by his will or a codicil referring specifically to this power of appointment to or for the benefit of his estate or any other person or persons or objects, outright or in trust and on such terms and conditions and with such powers, all as he shall appoint; or in default of and subject to the appointment by the Donor as aforesaid, the trust property shall be distributed to his executor or administrator to be disposed of as a part of his estate.

SIXTH: The trust hereunder may be amended from time to time to enable the trust to qualify or continue to qualify as a blind trust under the Act; provided that each such amendment shall be subject to prior approval by the Committee in the same manner as the original trust instrumental provided further that nothing in this Article SIXTH shall be deemed to give the Trustee power to alter or shift any beneficial interest created hereunder. Each such amendment shall be in writing, signed, and acknowledged by the Donor and the Trustee, a copy of which shall be delivered to the Committee. The Donor may also, at any time or times and from time to time in writing or writings signed by him and consented to by the Trustee, alter or amend the provisions of Article FIFTH (b) above (which relate to the testamentary disposition of the trust assets), and a copy of any such alteration or amendment need not be delivered to the Committee; provided that the Donor shall notify the Committee that such an alteration or amendment was made within thirty days thereof.

SEVENTH: In extension and not in limitation of the powers given by law or other provisions of this instrument but subject to the provisions of Article SECOND and THIRD above, the Trustee hereunder shall have the following powers with respect to the trust and its property, in each case to be exercised from time to time in the discretion of the Trustee and without order or license of court:

(a) To invest and reinvest in securities identified to the Trustee by Kirr, Marbach & Company pursuant to an agreement between Kirr, Marbach & Company and the Donor dated as of November 24, 1993, (the "Kirr Agreement"), a copy of which is attached to this instrument as Annex B.

(b) To segregate the securities described in the subpart (a) of this Article SEVENTH in a separate account identified upon the records of the Trustee as the "Peter Hoagland Blind Trust Account" (the "Account")

(c) Without inquiry into the propriety thereof, the Trustee is hereby authorized and directed to act in accordance with written instructions which authorized representatives of Kirr, Marbach & Company may give it from time to time with respect to the funds, securities or other property in the Account, and changes therein; provided, however, that the Trustee is not authorized to deliver any of the securities, bonds, mutual funds, or cash in the Account to Kirr, Marbach & Company or to make any disposition of any stocks, bonds, mutual funds, other securities or cash except against countervalue;

(d) In providing the services hereunder, it is understood that the Trustee shall neither render advice to the Account nor to the Donor as to the value of securities or other property, or make recommendations as to the advisability of investing in, purchasing, or selling securities or other property, nor shall the Trustee either directly or indirectly, have any discretionary authority to control with respect to purchasing or selling securities or other property for the Account; and

(e) To the extent that the Trustee is required to enter orders for the purchase of securities, the Trustee will be free to execute all orders with brokers of its choosing. In executing transactions in securities, the Trustee is hereby authorized to place orders for the purchase or sale of securities through, or to purchase securities from, any Department, Division or affiliate of Bank One, Indianapolis, NA which normally and regularly engages in such securities

trading activities (it being understood that Bank One, Indianapolis, NA or its affiliate, may be a principal and/or receive a commission in the transaction).

(f) Any manager, broker or other party employed or utilized by the Trustee in undertaking any duties or obligations of the Trustee under this instrument shall not communicate with or deliver any written communications to the Donor or any interested parties.

EIGHTH: The Trustee shall receive whatever additional principal and income that may become due on the securities or other property held by it and the proceeds of sale of any such securities or property, and credit the Account, segregating principal and income. (It is understood that any such segregation may not necessarily be determinative for income tax purposes.) The Trustee may retain such amounts as it estimates will be necessary for the payment of any items chargeable to the Account. Principal cash is to be held pending reinvestment or other instruction from Kirr, Marbach & Company. Income cash, after accounting for expenses, is to be distributed to the Principal.

Any funds held by the Trustee without direction for the investment thereof shall be invested in the securities of any open-end or closed-end, management type investment company or investment trust registered as such under the Federal Investment Company Act of 1940 (which would be properly characterized as a "Money Market Mutual Fund") which is made available by the Trustee for the liquid investment of funds for its clients' accounts. The fact that the Trustee or any affiliate of the Trustee is providing services to and receiving remuneration from the investment company or trust as investment advisor, custodian, transfer agent, registrar or otherwise, shall not preclude the Trustee from investing in the securities of the investment company or investment trust.

NINTH: Kirr, Marbach & Company will forward to the Trustee bills for its services based on market valuations provided by it, and to the extent that funds are available in the Account, the Trustee is authorized and directed to pay all such bills as presented at the beginning of each quarter, charging amounts thereof to the Account without any duty to inquire into their correctness. To the extent income is insufficient to pay the Kirr, Marbach & Company fees, they shall be charged against the Principal in the Account.

TENTH: The Trustee is hereby authorized:

(a) To execute as agent, in the name of the Donor all declarations, affidavits and certificates of ownership now or hereafter required in collecting income and principal, inserting thereon the name of the Trustee as the owner of the security.

(b) To exchange securities in temporary form for securities in definitive form; to effect any exchange in shares where the par value of the stock is changed; to surrender bonds or other securities at maturity or when advised of earlier call for redemption, upon receiving payment in current funds therefor.

(c) To process orders for the purchase or sale of securities for the Account which have been placed by Kirr, Marbach & Company. No purchase orders will be processed unless funds sufficient to settle the trade are in the hands of the Trustee and no sale orders will be processed unless the securities to be sold are held by the Trustee and are in deliverable form. The Trustee is authorized to charge the Account with the cost of all securities purchased and to credit the Account with the proceeds of securities sold.

ELEVENTH: Registered securities may be registered in the name of the Trustee's nominee (without thereby impairing the Trustee's responsibility to the Donor) and all communications in the connection therewith are to be sent to the Trustee. The Donor hereby agrees:

(a) To hold the Trustee and its nominee harmless from any liability as a holder of record; and

(b) That the Trustee may at any time at its discretion, without notice to the Donor or the Kirr, Marbach & Company, transfer or cause to be transferred any securities in the account from the name of the Trustee's nominee to the name of the Account.

TWELFTH: The Trustee will forward or will cause to be forwarded to Kirr, Marbach & Company all communications with regard to warrants, rights to subscribe, plans for reorganization and recapitalization, plans for the exchange of securities or the like which it may receive with respect to any securities held in the Account. The Trustee will have no obligation to take action as to such matters except upon the written order of Kirr, Marbach & Company received by the Trustee in a timely fashion. With regard to securities held in the Account, the Trustee will forward or will cause to be forwarded to Kirr, Marbach & Company

proxies or proxy statements received by it. The Trustee will follow all written statements received from Kirr, Marbach & Company with respect to voting as to any particular issue or issues.

THIRTEENTH: The Trustee shall forward, monthly, to Kirr, Marbach & Company a statement showing all transactions in the Account during the preceding month.

FOURTEENTH: The Trustee will have no obligation to make any advances for the Account but, if it elects to do so, the Trustee will be entitled to reimbursement for such amounts out of the first sums received for the Account.

FIFTEENTH: The Donor has, by execution of the Kirr Agreement identified the precise services to be rendered thereunder, employed Kirr, Marbach & Company to act as investment manager to the Account. The Trustee has advised the Donor that there are similar account relationships for which the Trustee acts as custodian for assets over which Kirr, Marbach & Company has investment management responsibility. Because of this universe of accounts, the Trustee and Kirr, Marbach & Company may have agreed upon a system of operational procedures dealing with the transmittal and receipt of investment notifications, the settlement of security transactions, and similar procedural aspects which have not been specifically enumerated in this instrument. To the extent that a system of operational procedures has been established, the duties of the Trustee under this instrument, to the extent not inconsistent with any specific provision hereof, shall be determined by that system of operational procedures.

SIXTEENTH: The Donor agrees to pay the Trustee periodically and no less often than annually a reasonable fee for its services under this instrument to be determined in accordance with fee schedules adopted by the Trustee which are current at the time such services are rendered. The Trustee is authorized to pay such fee to itself from the Account and to reflect such payments on the statement provided for in Article THIRD (f)

SEVENTEENTH: The Donor agrees to be responsible for all expenses, taxes or other charge or liabilities inccurred by the Trustee in connection with the

Account and the Trustee is authorized to charge the Account of the Donor for the same.

EIGHTEENTH: The Trustee shall be responsible for the safekeeping of the securities in the Account but shall not be required to exercise greater care in this regard than it reasonably does in the safekeeping of its own property. The Trustee will not be liable for any act or failure to act on the part of a broker employed by the Trustee or by Kirr, Marbach & Company to effect a transaction for the Account or the solvency of any broker which the Trustee selects so long as the Trustee employs reasonable care in the selection of such broker. The Trustee will not be liable for loss arriving from any action taken in good faith pursuant to any communication it reasonably believes to be from the Donor or Kirr, Marbach & Company or from someone it reasonably believes to be authorized to act on behalf of the Account, regardless of the form of the communication. Without limiting the generality hereof, such communications may be by personal or telephonic conversation, by letter, telegram, teletype; or other reasonable means.

NINETEENTH: The references in this instrument to Kirr, Marbach & Company include any successor corporation, partnership or individual, which shall succeed to the business of Kirr, Marbach & Company.

TWENTIETH: This instrument and the trust hereunder shall be governed, construed and interpreted according to the laws of the State of Indiana.

TWENTYFIRST: any notice in writing required or permitted to be given by the Trustee to the Donor will be deemed to have been sufficiently given of personally delivered or mailed in an envelope addressed to the Donor as follows:

Peter Hoagland
4709 Langdrum Lane
Chevy Chase, MD 20815

or at such other address as the Donor hereafter may specify by written notice to the Trustee. Any notice in writing required or permitted to be given by the Donor or the Committee to the Trustee will be sufficiently given if delivered to the Trust and Asset Management Group of the Trustee at its principal office or if

mailed, in an envelope addressed as follows or to such other address as the Trustee may hereafter specify to the Donor and the Committee:

Bank One, Indianapolis, NA
ATTN: Trust Group
111 Monument Circle, Suite 1601
Indianapolis, Indiana 46277

IN WITNESS WHEREOF, the Trustee and Donor have caused this trust instrument to be executed as of the 4th day of February, 1994.

BANK ONE, INDIANAPOLIS, NA
"Trustee"

By: _____

Its: Vice President and Senior Trust Officer

PETER HOAGLAND
"Donor"

_____

ANNEX A
TO
THE PETER HOAGLAND BLIND TRUST

Set out below are the "interested parties" (as such term is defined in the Ethics in Government Act of 1978, as from time to time amended) referenced in Article FIRST of The Peter Hoagland Blind Trust to which this Annex A is attached:

Spouse:	Barbara Erickson Hoagland
Children:	Elizabeth Hoagland Katherine Hoagland David Hoagland Christopher Hoagland Nicholas Hoagland

Dated this 4th day of February, 1994

ANNEX B

Kirr, Marbach & Company
621 Washington Street
P O Box 1729
Columbus, IN 47202-1729

Gentlemen:

Pursuant to the terms hereinafter set forth, I hereby retain ***Kirr, Marbach & Company*** (the "Adviser"), a corporation organized under the laws of the State of Indiana, as investment adviser to manage and supervise the investment of those assets of mine set forth in Exhibit A attached hereto and any additional assets hereinafter delivered to the Trustee for management and supervision hereunder, and all proceeds of sale, and reinvestments of such assets, and all income thereon and additions or accretions thereto (the "Portfolio") in consideration of the payment to the Adviser of a fee as provided for in paragraph 6 herein.

1. Blind Trust Agreement. Contemporaneously herewith, I am entering into ***The Peter J. Hoogland Blind Trust*** with ***Bank One, Indianapolis, NA*** (the "Trustee"). I agree to forward and deliver to the Trustee the cash and securities set forth in Exhibit A, and any assets that I may hereafter add to the Portfolio, to be held by the Trustee and to be invested and reinvested by the Adviser pursuant to this Agreement. The Adviser shall under no circumstances have custody of any of the assets in the Portfolio nor handle such assets, and full custody shall, at all times, be maintained by the Trustee.

2. Supervision and Management of Portfolio. I hereby authorize the Adviser to manage the Portfolio, and to invest and reinvest any assets in the Portfolio and take any action with respect to the Portfolio that the Adviser determines in its discretion as freely as I might do on my behalf. In carrying out its responsibilities under the terms of this Agreement, the Adviser agrees to place all orders for the purchase and sale of securities included in the Portfolio. The assets should be invested in a manner that maximizes capital gains. Investment up to 100% in common stocks is authorized.

3. Discretion. I agree that the Adviser shall have complete discretion in determining purchases and sales of securities in the Portfolio without consultation with or ratification by me. I also acknowledge and agree that any costs, indebtedness, losses or other liabilities sustained by the Portfolio while under the Adviser's investment management under this Agreement shall be borne solely by me and by the Portfolio.

4. Choice of Broker-Dealer. I agree that the Adviser shall have the right to choose the broker or dealer through which each purchase or sale of securities for the Portfolio is made. The Adviser is expressly authorized to select brokers and dealers who provide brokerage and research services which the Adviser believes to be of value, either to the Portfolio or generally to all the accounts (including the Portfolio) for which the Adviser provides investment advice. The Adviser is expressly authorized to cause the Portfolio to pay commissions on such transactions which the Adviser determines in good faith to be reasonable in relation to the value of such brokerage and research services, viewed in terms either of that particular transaction or the overall responsibilities of the Adviser with respect to the accounts for which the Adviser exercises investment discretion.

5. Portfolio Reports. The Trustee will provide me with statements related to the Portfolio all as more fully set out in the Trust Agreement.

6. Fees. I agree to pay the Adviser quarterly fees based upon the schedule reflected in Exhibit B annexed hereto. The fee for the first quarter during which the Adviser shall render investment advisory services under this Agreement shall be paid at the time of acceptance by the Adviser and shall be based upon the initial market value (including cash) of the Portfolio. Subsequent quarterly fees will be based upon the market value of the Portfolio on the last day of each quarter, including the initial quarter, and shall be paid to the Adviser in advance on the first day of the following quarter. All fees will be deducted automatically from the income received on the Portfolio. If such income is insufficient to pay the fees, such fees will be charged against principal in the Portfolio. I acknowledge that I have granted the Trustee authority to pay such fees from the Trust accounts and the Adviser shall submit its statements directly to the Trustee.

7. Other Clients. I understand that the Adviser performs similar services for other clients and that the Adviser may be supervising and managing portfolios of others, including institutions, and serving as investment adviser for the Portfolio hereunder at the same time. At times purchases and sales of the same securities may be recommended for the Portfolio and for one or more of the other accounts, in which cases the purchase and sale transactions are allocated among the accounts (including the Portfolio) in a manner that the Adviser believes to be equitable to each. All purchase and sales for clients are effected in the name of Kirr, Marbach & Company.

8. Securities and Transactions by the Adviser. I understand that officers and other personnel of the Adviser may purchase and sell securities for their own account. However, the personnel of the Adviser agree that they will not buy or sell personally any of the securities held by the Portfolio.

9. Compliance with Law. The Adviser agrees that it will perform under this Agreement in accordance with the requirements of applicable federal and state laws (and rules and regulations adopted thereunder).

10. Acts or Omissions of the Adviser. In the absence of misfeasance, bad faith or negligence on the part of the Adviser, I understand and agree that neither the Adviser nor any of its officers or agents, shall be subject to liability for any act or omission to act by it or its officers or agents in the course of rendering services hereunder. The federal securities laws impose liabilities under certain circumstances on persons who act in good faith, and therefore nothing herein shall in any way constitute a waiver or limitation on any rights which the undersigned may have under federal securities law.

11. Termination. It is understood that either I or the Adviser shall have the right to terminate this Agreement (without the payment of any penalty) at any time. If this Agreement is terminated prior to the end of any quarter, the Adviser will refund to me the pro-rata portion of the quarterly fee paid for such quarter on the basis of a proration of that quarterly fee to the effective date of termination.

12. No Assignments. No assignment of this Agreement shall be made by either party hereto without the other's written consent.

13. Notice of Firm Changes. The Adviser shall notify the Trustee of any changes in the officers of the corporation within a reasonable time after such change.

14. The Adviser's Representatives. The Adviser may act hereunder by or through any officer of any employee of the Adviser designated for the purpose by the Adviser.

15. Authority. I represent and warrant that I have full power and authority to enter into this Agreement and to designate the Adviser as investment adviser on a discretionary basis, as provided herein, with respect to the Portfolio. I am not acting on behalf of a corporation, partnership, trust or other entity in entering into this Agreement. In the event that any such authority does not exist, I, individually, agree to indemnify the Adviser from any loss, claims or liabilities, including attorneys' fees, incurred by the Adviser as a consequence thereof.

16. Notwithstanding any other provision of this Agreement, the Adviser shall not consult or notify me or any interested party of any matter related to this Agreement other than (i) a notice of termination as provided in paragraph 11 herein, (ii) substitution of the Trustee or (iii) any change in investment instructions as provided in paragraph 2 herein, provided that any communications pursuant to this paragraph shall be in writing and shall be filed with the Committee on Standards of Conduct of the U.S. House of Representatives. It is agreed that it shall be my sole obligation to timely file all such communications with the Committee. Reference to "interested parties" in this paragraph include me, my spouse and my children. Set forth in Exhibit C attached hereto are the names of my spouse and children, constituting all interested parties. The Adviser may assume the accuracy of Exhibit C unless and until I submit a revised Exhibit C.

17. Entire Understanding. This Agreement constitutes our entire understanding and may not be amended except by a written instrument executed by the parties hereto.

Peter J. Hoagland

Accepted and approved by Kirr, Marbach & Company *this 24th* day of *November, 1993*

KIRR, MARBACH & COMPANY

By David M. Kirr

David M. Kirr
President

EXHIBIT B

FEE SCHEDULE

Kirr, Marbach & Company charges the following fees for investment management services:

ASSETS MANAGED	FEE CHARGED AS PERCENT OF ASSETS
$0 - $500,000	1.5%
Over $500,000	1.0%

Calculated each quarter with one-fourth of the annual amount payable at the beginning of the quarter.

EXHIBIT C

INTERESTED PARTIES TO THE PETER J. HOAGLAND BLIND TRUST

Set out below are the "interested parties" (as such term is defined in the Ethics in Government Act of 1978, as from time to time amended.

Spouse:	Barbara Erickson Hoagland
Children:	Elizabeth Hoagland Katherine Hoagland David Hoagland Christopher Hoagland Nicholas Hoagland

INFORMATION REGARDING THE TRUSTEE
OF
THE PETER HOAGLAND BLIND TRUST
UNDER SECTION 102(e)(3)
OF
THE ETHICS IN GOVERNMENT ACT (THE "ACT")

I, Thomas Jenkins, in my capacity as Vice President and Senior Trust Counsel of Bank One, Indianapolis, NA, hereby certifies to the Committee on Standards of Official Conduct that the following is accurate and correct to my best information and belief:

1. Bank One, Indianapolis, NA, is a national banking association whose principal place of business is 111 Monument Circle, Indianapolis. Indiana, 46277.

2. Banc One Corporation is the parent holding company of Bank One, Indianapolis, NA.

3. Bank One, Indianapolis, NA, has entered into The Peter Hoagland Blind Trust dated as of February 4 , 1994, as trustee (in such capacity, the "Trustee"). The Trustee is independent of and unassociated with and, during the term of the Peter Hoagland Blind Trust, will remain independent of and unassociated with any interested party (as such term is defined in the next succeeding sentence) so that the Trustee cannot be controlled or influenced in the administration of the Trust by any interested party. For purposes of this Certificate, the term "interested party" means Peter Hoagland, his spouse, Barbara Erickson Hoagland, and his children, Elizabeth Hoagland, Katherine Hoagland, David Hoagland, Christopher Hoagland and Nicholas Hoagland, said children comprising all of the surviving dependent children of Peter Hoagland.

4. The Trustee is acting in its corporate capacity and in such capacity is not a relative of any interested party.

I, Peter Hoagland, hereby certify to the Committee on Standards of Official Conduct that the following is accurate and correct to my best information and belief:

1. Bank One, Indianapolis, NA, has entered into The Peter Hoagland Blind Trust dated as of February 4, 1994, as trustee (in such capacity, the "Trustee"). The Trustee is independent of and unassociated with any interested party so that the Trustee cannot be controlled or influenced in the administration of the Trust by any interested party.

2. The Trustee is not and has not been employed and, during the term of the Peter Hoagland Blind Trust, will not be employed by any interested party, or any organization affiliated with any interested party.

3. The Trustee is not a partner of, or involved in any joint venture or investment with and, during the term of the Peter Hoagland Blind Trust, will not become a partner of, or involved in any joint venture or investment with any interested party.

4. No interested party has owned or owns or, during the term of the Peter Hoagland Blind Trust, will own stock or debt instruments issued by Bank One, Indianapolis, NA or its holding company, Banc One Corporation.

February 4, 1994

Bank One, Indianapolis, NA
"Trustee"

By: _____

THOMAS A. JENKINS

Its: Vice President and Senior Trust Counsel

February 4, 1994

_____
Peter Hoagland

Approved as of February 4, 1994

Committee on Standards of Official Conduct

By: _____
Chairman

_____
Ranking Minority Member

INFORMATION REGARDING KIRR, MARBACH & COMPANY.
AS IT RELATES TO
THE PETER HOAGLAND BLIND TRUST
UNDER SECTION 102(e)(3)
OF
THE ETHICS IN GOVERNMENT ACT (THE "ACT")

I, David M. Kirr, in my capacity as President of Kirr, Marbach & Company, hereby certify to the Committee on Standards of Official Conduct that the following is accurate and correct to my best information and belief:

1. Kirr, Marbach & Company, is a corporation organized under the laws of the State of Indiana whose principal place of business is 621 Washington Street, Columbus, Indiana, 47201.

2. Kirr, Marbach & Company, has entered into an investment advisory agreement with Peter Hoagland dated November 24, 1993, (the "Investment Agreement"). Kirr, Marbach & Company is independent of and unassociated with and, during the term of the Investment Agreement, will remain independent of and unassociated with any interested party (as such term is defined in the next succeeding sentence) so that Kirr, Marbach & Company cannot be controlled or influenced in the administration of the Investment Agreement by any interested party. For purposes of this Certificate, the term "interested party" means Peter Hoagland, his spouse, Barbara Erickson Hoagland, and his children, Elizabeth Hoagland, Katherine Hoagland, David Hoagland, Christopher Hoagland and Nicholas Hoagland, said children comprising all of the surviving dependent children of Peter Hoagland.

3. Kirr, Marbach & Company is acting in its corporate capacity and in such capacity is not a relative of any interested party.

I, Peter Hoagland, hereby certify to the Committee on Standards of Official Conduct that the following is accurate and correct to my best information and belief:

1. Kirr, Marbach & Company has entered into the Investment Agreement dated as of November 24, 1993. Kirr, Marbach & Company is independent of and unassociated with any interested party so that Kirr Marbach & Company cannot be controlled or influenced in the administration of the Investment Agreement by any interested party.

2. Kirr, Marbach & Company is not and has not been employed and, during the term of the Investment Agreement, will not be employed by any interested party, or any organization affiliated with any interested party.

3. Kirr, Marbach & Company is not a partner of, or involved in any joint venture or investment with and, during the term of the Investment Agreement, will not become a partner of, or involved in any joint venture or investment with any interested party.

4. No interested party has owned or owns or, during the term of the Investment Agreement, will own stock or debt instruments issued by Kirr, Marbach & Company.

February 4, 1994

Kirr, Marbach & Company

By: David M. Kirr
David M. Kirr

Its: _____
President

February 4, 1994

Peter Hoagland

Approved as of February 4, 1994

Committee on Standards of Official Conduct

By: _____
Chairman

_____
Ranking Minority Member

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 1:16

CLERK OF THE HOUSE
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

14

David L. Hobson
(Full Name)

482 Longford Close, East
(Mailing Address)

Daytime Telephone

Springfield OH 45503

Filer Status	[X] Member of the U S House of Representatives	State Ohio District 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David L Hobson

DATE (Month/Day/Year): 5-13-94

Name	David L. Hobson	Page 1 of 13

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

Name	David L. Hobson	Page 2 of 13

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Ohio Wesleyan University, Delaware, Ohio	Speech	May 9, 1993	$1,500.
American Physical Therapy Assoc., Alexandria, VA	Speech	June 13, 1993	$1,000.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Salem Olive Associates (Ptnrship) Olive Road, Dayton OH (Bldg & Land)						X					X					X										
	Nineteen Thirty S.Limestone (Ptnrshp) Springfield OH						X					X	X							X							
	Land in I-Four Partnership 2138 N. Limestone St., Spfld OH ***				X							X						X									
	Land in I-Four Partnership 2214 N. Limestone St., Spfld OH	X										X		X									X				S
	Grandview Storage Assoc.,(Ptnrship) 4.5 Acres,Urlin Ave., Cols. OH									X		X					X										
	Leader-Interest in Oil Well (Ptnrshp) Columbus OH			X							Oil and Gas Partnership							X									

***PREVIOUSLY LISTED AS 2141 N. LIMESTONE ST

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	NOTE: ALL ASSETS PREVIOUSLY LISTED AS HELD BY DEPENDENT CHILDREN ARE NO LONGER INCLUDED IN REPORT BECAUSE CHILDREN ARE NO LONGER DEPENDENT.																										
	Cablevision of Baton Rouge (Ltd.Ptshp)										Partnership																
	Englewood CO				X						Income									X							
	Eagle City Road, Springfield OH																										
	Hobson/Kaffenbarger/Noonan (Prtnrshp)			X								X		X							X						S (Partial Sale)
	Hobson/Marcum Farm (Partnership)																										
	185 Acre Farm,Allenville OH	X												X								X					S
	Retirement Resources Inc (S-Corp)										S-Corporation																
	Springfield OH			X							Loss						X										
	721 E. High St., Springfield OH																										
	(Residential Rental)(Joint Ownership)						X					X											X				
	Fujiyama Columbus Partnership																										
	Note Receivable								X				X											X			
	Fujiyama Indianapolis Partnership																										
	Note Receivable						X						X										X				
	Retirement Resources, Inc.																										
	Note Receivable				X								X				X										
	Ramada Inn/Parke Hotel																										
	Note Receivable					X							X				X										
SP	Delaware Group (Mutual Fund)				X						X			X						X							S (Partial Sale)
	Kemper Technology (Mutual Fund)			X										X					X								
	American Bancorp (Stock)	X									X						X										S
	Cooker Restaurant Corp (Stock)								X		X									X							
	IBM Corporation (Stock)			X							X							X									
	Security Banc Corp (Stock)				X						X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Security Banc Corp (Stock)					X					X									X							
SP	Proctor & Gamble (Stock)			X							X								X								
	Proctor & Gamble (Stock)			X							X								X								
	NEWCO-FLC--Formerly known as... Financial Land Corp (Stock)					X					X						X										
	International Basic Resources (Stock)			X							X						X										
SP	Avon, Inc. (Stock)			X							X							X									
	Land 5+ Acres (1/3 Ownership) Emerson Avenue, Indianapolis IN						X										X										
	Fidelity Investment Advisors (Stock)				X						X						X										
	ASSETS IN SOCIETY BANK GRANTOR TRUST Hamilton County OH Hospital Bond				X								X							X							
	Clermont County OH Hospital Bond	X											X						X								S
	Ohio State Building Bond					X							X								X						
	Wright State University Bond				X								X							X							
	Society Money Market Funds					X							X								X						
SP	Union Electric (Stock)	X									X								X								Gift To Children

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Land 3.1 Acres (1/3 Ownership) Cleveland Avenue, Columbus OH	X															X										S
	Chevron Corporation (Stock)			X							X								X								
	Merck & Company, Inc. (Stock)	X									X							X									S
	STOCKS HELD IN IRA ADVEST A/C782-70032 (Formerly known As A/C 161-48652																										
	First Franklin Corp					X					X								X								
	Ohio Edison Company			X							X								X								
	Proctor & Gamble			X							X							X									
	Society Corp			X							X							X									
	The Limited, Inc.	X									X							X									S
	Cooker Restaurant			X							X							X									
	Perpetual Federal Savings Bank			X							X							X									
	STOCKS HELD IN IRA ADVEST A/C782-70151 (Formerly known As A/C 163-53617)																										
	Airborne Freight Corp	X									X							X									S
	Financial Land Corp	X									X							X									S
	First Franklin Corp	X									X							X									**

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** ROLLED INTO IRA ADVEST A/C 782-70032

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hobson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	STOCKS HELD IN IRA ADVEST A/C 782-70151 (Continued)																										
	The Limited, Inc.	X									X							X									S
	Ohio Public Employee Retirement Fund				X												X										
	Society National Bank (CD)	X											X						X								S
	Fifth Third Bank (CD)	X											X				X										S

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SCHEDULE IV — TRANSACTIONS

Name David L. Hobson

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Land In I-FOUR Partnership											
	2214 N. Limestone Street, Springfield OH		X		7-7-93		X					
	Hobson/Marcum Farm Partnership											
	185 Acre Farm, Allenville OH		X		1-1-93		X					
	Clermont County Ohio Hospital Bond		X		1-4-93		X					
	Merck & Company, Inc. (Stock)		X		7-28-93	X						
	TRANSACTIONS WITHIN IRA											
	ADVEST A/C 782-70032 (FORMERLY KNOWN AS A/C 161-48652)											
	The Limited, Inc.		X		9-14-93	X						
	Ohio Edison Company	X			6-1-93	X						
	TRANSACTIONS WITHIN IRA											
	ADVEST A/C 782-70151 (FORMERLY KNOWN AS A/C 163-53617)											
	Airborne Freight Corp		X		8-27-93	X						
	Financial Land Corp		X		8-30-93	X						
	The Limited, Inc.		X		9-14-93	X						
SP	Delaware Group		X		11-15-93	X						
	Society National Bank (CD)		X		4-1-93			X				
	Fifth Third Bank (CD)		X		1-1-93		X					
	American Bancorp (Stock)		X		1-1-93	(LESS THAN $1,000)						
	Eagle City Road, Springfield OH											
	Hobson/Kaffenbarger/Noonan (Partnership)		X		7-7-93	X						
	Land 3.1 Acres (1/3 Ownership)											
	Cleveland Avenue, Columbus OH		X		1-1-93				X			
SP	Union Electric	Gift To Children			1-1-93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year**. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Society National Bank	One Year Note Secured by Stock			X				
	Huntington National Bank (Paid off 1993)	Unsecured Personal Note		X					
	Huntington National Bank	Mortgage on 2138 N. Limestone		X					
	Huntington National Bank (Paid off 1993)	Mortgage on 2214 N. Limestone		X					
	Carol Frantz	Land Contract in Excess of 3 yrs			X				

**********SCHEDULE V - LIABILITIES (CONTINUED ON NEXT PAGE)**********

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Name David L. Hobson

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Vinton County Bank (Paid Off 1993)	Mortgage on 185 acre Farm		X					
	Home Savings of Calif. Fujiyama Columbus	Mortgage on Fujiyama Restaurant					X		
	Star Bank of Central Ohio	Mortage on Warehouse-Urlin Ave						X	
	Home City Savings	Mortgage on 1930 S. Limestone			X				
	Huntington National Bank	Mortgage on 3.1 acres, Cols. OH			X				
	Bank One Dayton--Salem Olive (Paid off 1993)	Mortgage on Olive Road			X				
	Security National Bank--Salem Olive	Mortgage on Olive Road				X			
	Financial Land Corporation (Paid Off 1993)	Business Note - Grandview Storage				X			
	Huntington Bank	Business Note - Eagle City Road	X						
	Society Bank	Mortgage on Fujiyama Reat.--IND.				X			
	Bank One	Revolving Line of Credit			X				

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Medical Association	Mar.19-22	Wash.,DC - Sarasota FL - Ft.Myers FL - Wash.DC	Y	Y	Y	2 days

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED PAGE 13 OF 13

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1982-Present	State of Ohio Public Employee Retirement System	Continuing Participation in Retirement Plan

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

DAVID L. HOBSON
FINANCIAL DISCLOSURE STATEMENT
FOR CALENDAR YEAR 1993

SCHEDULE VIII - POSITIONS

POSITIONS		NAME OF ORGANIZATION
Trustee	*	Wilberforce University
Trustee	*	Urbana University
Trustee	*	Ohio Wesleyan University
Director	*	Cooker Restaurant Corporation
Director	*	Retirement Resources, Inc.
Partner	**	Leader Oil Well Limited Partnerships
Partner	**	I-FOUR
Partner	**	Cablevision of Baton Rouge, Ltd.
Partner	**	Eastern Shelex 1985-A Ltd.
Partner	**	Hobson/Kaffenbarger/Noonan
Partner	**	Salem-Olive Associates
Partner	**	Grandview Storage Associates
Partner	**	Nineteen Thirty S. Limestone Partners

* The Trustee and Director positions were not compensated in 1993

** The Partnerships are each included in Schedule III

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

9h M.T.

MAY 16 1994

MC

(Office Use Only)

5

GEORGE J. HOCHBRUECKNER
(Full Name)

1 WYCOMB PLACE
(Mailing Address)

CORAM, NEW YORK

Daytime Telephone 516 331-4331

Filer Status	☑ Member of the U S House of Representatives	State NEW YORK District 1	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: George J. Hochbrueckner

DATE (Month/Day/Year): MAY 15, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	STATE OF NEW YORK - EMERGENCY MANAGEMENT OFFICE	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name GEORGE HOCHBRUECKNER | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] each asset held for investment or [illegible] of income with a fair market value [illegible] $1,000 at the end of the reporting year, [illegible] any other asset or source of income which [illegible] more than $200 in "unearned" income [illegible] the year. For rental property or land, provide [illegible]. Provide full names of any mutual [illegible]. For an IRA or retirement plan that is self-[illegible], list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not [illegible], name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP: Mega Corp. Stock				X						X								X								P
	DC: 123 Main St., Dover, Del.							X				X										X					
	JT: 1st Bank of Peoria, IL accounts					X							X							X							
JT	REAL ESTATE 1/3 ACRE UNIMPROVED LOT CALIFORNIA CITY, CALIFORNIA			X													X										
	PRUDENTIAL SECURITIES * IRA - GEORGE HOCHBRUECKNER			X													NA										
	PRUDENTIAL SECURITIES * IRA - CAROL ANN HOCHBRUECKNER			X													NA										

* ROLLED OVER FROM WRIGHT PATMAN CREDIT UNION

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	WRIGHT PATMAN FEDERAL CREDIT UNION, WASHINGTON D.C.	PERSONAL LOAN (FOR EDUCATION)		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	GA INDUSTRIES/LITTON MANAGEMENT CLUB	MAY 20-24	WASH. DC – SAN DIEGO LOS ANGELES – WASH. DC	Y	Y	SPOUSE	1 DAY

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

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GEORGE J. HOCHBRUECKNER
(Full Name)

1 WYCOMB PLACE
CORAM, NEW YORK 11727
(Mailing Address)

Daytime Telephone 516 331-4331

Filer Status	☑ Member of the U.S. House of Representatives	State: NEW YORK District: 1	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL George J. Hochbrueckner

DATE (Month/Day/Year) JUNE 21, 1994

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Mega Corp. Stock			X							X							X									P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts				X								X							X							
JT	REAL ESTATE 1/3 ACRE UNIMPROVED LOT CALIFORNIA CITY, CALIFORNIA		X														X										
	PRUDENTIAL SECURITIES * IRA - GEORGE HOCHBRUECKNER		X														NA										
	PRUDENTIAL SECURITIES * IRA - CARL ANN HOCHBRUECKNER		X														NA										
	IN BOTH IRAS - FUNDS WERE INVESTED FOR THE ENTIRE REPORTING PERIOD IN: PRUDENTIAL UTILITY FUND: CLASS B & PRUDENTIAL HIGH YIELD FUND: CLASS B	AMENDED JUNE 21, 1994																									
	* ROLLED OVER FROM WRIGHT PATMAN CREDIT UNION																										

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 JUL 15 PM 3:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only) 2

GEORGE J. HOCHBRUECKNER
(Full Name)

1 WYCOMB PLACE
(Mailing Address)

CORAM, NEW YORK 11727 Daytime Telephone: 516 331-4331

Filer Status	☑ Member of the U.S. House of Representatives — State: NEW YORK District: 1	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☑ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

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Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☐
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐ No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☐
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (*See* 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL George J Hochbrueckner

DATE (Month/Day/Year) JULY 14, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	STATE OF NEW YORK - EMERGENCY MANAGEMENT OFFICE	SPOUSE SALARY	N.A.
	STATE OF NEW YORK	LEGISLATIVE PENSION	1,143.54

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:14

HAND DELIVERED
(Office Use Only)

Peter Hoekstra
(Full Name)

1454 Cimarron Drive, Holland, MI 49423
(Mailing Address)

616-335-2343
(Telephone Number)

Filer Status	[X] Member of the U.S. House of Representatives	State District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Peter Hoekstra

DATE (Month/Day/Year): 5/16/94

1746

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Herman Miller, Inc., Zeeland, MI	Bonus for work performed in 1992, paid in 1993 (exempt from cap)	$35,655.

For payments to charity in lieu of honoraria, use Schedule II.

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Name	Page 3 of 9
Peter Hoekstra	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Peter Hoekstra

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Synergen Corp. Stock			X							X							X									
	Herman Miller Corp. Stock			X							X								X								
	IRA Acct. OKB				X								X					X									
	- FMB Stock			X							X							X									
	- HMI Stock			X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Hoekstra

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	ROYALTIES	EXCEPTED TRUST	Other Unearned Income	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
IRA Acct. OKB			X									X						X								
- HMI Stock			X							X							X									
Personal Accts. OKB			X									X					X									
Personal Accts. FMB			X									X					X									
Holland Public Schools Bonds				X								X						X								
Herman Miller Profit Sharing					X					X		X	X								X					
Hoekstra for Congress loan	X											X						X								
Jabal Corp. Stock			X							X							X									

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1750

SCHEDULE IV — TRANSACTIONS

Name: Peter Hoekstra

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Utah Medical Stock		X		10/18/93	X						
	Utah Medical Stock		X		12/16/93	X						
	Herman Miller Stock	X			2/16/93			X				
	Herman Miller Stock		X		2/16/93			X				
	Herman Miller Stock	X			3/18/93			X				
	Herman Miller Stock		X		3/18/93			X				
	Jabal	X			10/18/93	X						

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Name	Page 7 of 9
Peter Hoekstra	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	FMB of Zeeland, MI	Equity credit line		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Michigan Road Builders	Aug. 13-14	Holland, MI - Boyne, MI - Holland, MI	Y	Y	Y	1 day
	Congressional Institute	Feb. 25-27	Wash., D.C. - Princton, NJ - Wash., D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 13 PM 3:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only) 5

T. Timothy Holden, M.C.
(Full Name)

31 Pearl St. St. Clair, PA 17970
(Mailing Address)

Daytime Telephone (202) 225-5546

Filer Status	[X] Member of the U.S. House of Representatives	State PA District Sixth	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	X	
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tim Holden

DATE (Month/Day/Year): 5-13-94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	County of Schuylkill, Pennsylvania	Spouse Salary	16,267

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name T. Timothy Holden

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

*Lottery Winnings

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	PA Lottery Commission *																				X						
	Schuylkill Federal Employees Credit Union-- 724 W. Market St Pottsville, PA				X								X							X							

For additional assets and unearned income, use next page.

Name T. Timothy Holden | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Community Banks 2 North 2nd St. St. Clair	Car loan 1993 Buick		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Mr.&Mrs. Joseph Holden 424 South 2nd St., St. Clair PA	Wedding gift- cash	$1000

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Chicago Merchantile Exchange	Aug. 31	Harrisburg-Chicago Return: Chicago-Harrisburg	Y	Y	N	N

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TIM HOLDEN
[illegible]

HAND DELIVERED

RECEIVED
OFFICE OF THE CLERK
1994 MAY 19 PM 3:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON AGRICULTURE
ENVIRONMENT, CREDIT, AND RURAL DEVELOPMENT SUBCOMMITTEE
DEPARTMENT OPERATIONS AND NUTRITION SUBCOMMITTEE
LIVESTOCK SUBCOMMITTEE

COMMITTEE ON ARMED SERVICES
MILITARY ACQUISITIONS SUBCOMMITTEE
OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEE

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
May 19, 1994

The Honorable Donald Anderson
Clerk of the House
U.S. House of Representatives
1036 Longworth HOB
Washington, D.C. 20515

✓ MC

(1)

Dear Mr. Anderson:

When I was preparing my financial disclosure forms, I erroneously and inadvertently marked the answer to the question related to schedule IV - yes. The answer to that question should have been marked - no.

Please note this amendment to my financial disclosure form. Thank you.

Sincerely,

Tim Holden

TIM HOLDEN
Member of Congress

TH/slh

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 12:55

(Office Use Only)

5

STEPHEN HORN
(Full Name)

3944 Pine Avenue
Long Beach, CA 90807
(Mailing Address)

202: 225-6676
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 38th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Stephen Horn	DATE (Month/Day/Year): May 12, 1994

Name STEPHEN HORN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
	Smith Barney Shearson IRA			X													NA										
SP	Smith Barney Shearson IRA			X													NA										
	Shurgard IRA			X													NA										
SP	Shurgard IRA			X													NA										
JT	Boston Financial			X													NA										
	TIAA-CREF						X										NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEPHEN HORN

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 - $1,000	B	C $15,001 - $50,000	D	E $100,001 - $250,000	F	G $500,001 - $1,000,000	H	BLOCK C Type of Income: DIVIDENDS		INTEREST		EXCEPTED TRUST		BLOCK D Amount of Income: None	I $201 - $1,000	II	III	IV $2,501 - $5,000	V	VI $15,001 - $50,000	VII	VIII $100,001 - $1,000,000	IX	BLOCK E Transaction: P, S, E
PERS					x										NA										
Beneficial Standard Life Ins.Co.					x										NA										
John Alden Life Ins. Co.				x											NA										
General American Life Ins. Co. ($5,000 loan to campaign)			x												NA										
Safeco Life Ins. Co.					x										NA										
STEVE HORN FOR CONGRESS COMMITTEE LOANS:																									
1st Nationwide Bank (5-21-92)			x			Paid in full.																			
Long Beach School Employees Fed. Credit Union(5/18/92)		x				Paid in full.																			
Long Beach School Employees Fed. Credit Union (two loans, $5,000 each)		x				Paid in full.																			
John Alden Life Ins. Co. (1-4-93)			x			Balance ($22,000)																			

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x			
	1st Nationwide Bank(entered 5/21/92)	Credit Line Loan to Campaign		x	Paid in full				
	Long Beach School Employees Fed. Cred.Un. (entered 5/18/92)	Loan to Campaign	x		Paid in full				
	Long Beach School Employees Fed. Cred.Un.	Two loans to Campaign $5,000 each	x		Paid in full				
	John Alden Life Ins. Co. (entered 1/4/93)	Loan to Campaign		x					
	General American Life Ins. Co.	$5,000 Loan to Campaign			Paid in full				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	STEPHEN HORN	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Kutak Foundation, Omaha, Nebraska

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Jan. 4, 1993:	California State University System and Trustee Professor of Political Science Stephen Horn	"A leave of absence without compensation" from the "position as Trustee Professor at California State University, Long Beach is approved for the period January 4, 1993 through December 31, 1994."

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

1994 MAY 16 PM 2:12

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Amory Houghton Jr.
(Full Name)

80 East Market Street, Suite 304
(Mailing Address)

Corning, New York 14830

Daytime Telephone (202) 225-3161

Filer Status	[X] Member of the U.S. House of Representatives — State: New York District: 31st	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] DATE (Month/Day/Year) 5/13/94

1766

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE I - EARNED INCOME

Source and Type	Amount
Corning Incorporated:	
Income (in-kind):	
Value for secretarial services provided by former employer for whom consulting services are provided without monetary compensation (income in-kind, in excess of the 1993 outside earned income limit of $20,040, is offset by 1993 donations to qualified charitable organizations in the amount of $16,775)	$ 36,249
Trustee and Executor Commissions (commissions represent personal services provided to protect family resources, amounts not subject to outside earned income limit):	
L. H. Beer Trust 12/10/34	18,500
J. R. Houghton Trust 12/10/34	21,700
A. B. Houghton Trust 12/10/34	14,100
A. Houghton Jr. Trust 12/10/34	17,600
E. H. Weinberg Trust 12/10/34	17,900
A. S. Lassalle Trust 1/20/79	3,400
C. H. Lassalle Trust 11/21/78	3,900
H. D. Houghton Trust 12/22/61	11,200
R. P. Waters Trust 3/14/70	3,400
M. T. Mowbray U/W C. B. Houghton	5,200
H. M. Carter U/W C. B. Houghton	5,200
J. W. Hollister U/W C. B. Houghton	3,800
B. H. Brakenridge U/W C. B. Houghton	3,700
B. Hollister Jr. Trust U/W C. B. Houghton	3,700
H. M. Carter Trust 4/18/46	1,100
M. T. Mowbray Trust 4/18/46	1,100
B. H. Brakenridge Trust 4/18/46	1,100
B. Hollister Jr. Trust 4/18/46	1,100
P. H. Mowbray Trust U/W H. C. Hollister	1,900
B. Hollister Trust U/W H. C. Hollister	1,900
C. R. Montgomery Trust 1/3/49	15,000
P. J. Allatt Jr. Trust 8/15/49	2,900
B. G. Ooten Trust 4/21/65	1,400
M. A. Keaton Trust 1/22/64	1,300
M. A. Keaton Trust 6/24/63	1,000
E. M. OeDell Trust 6/24/63	900
E. Houghton Trust 12/10/34	25,800
E. A. Ray Trust 12/10/34	22,800
E. H. Cole Trust 12/10/34	25,700
Estate of Eleanor H. Cole	122,400
Spouse's income:	
International Paper Company (Hammermill Paper Co. Pooled Pension Trust)	N/A
Freelance Press	N/A

SCHEDULE II - PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Source	Activity	Date	Amount
Brookings Institute, Washington, D.C.	Speech	April 22, 1993	$ 400

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUCHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Debt Securities:					
Augusta National Inc. - building certificate - Series B	A		None	None	
Equity Securities:					
Citicorp, N.A. - common stock	C		None	None	
Corning Incorporated - common stock	H		Dividend	VII	P
Genentech Corporation - common stock	F		None	None	
IBM Corporation - common stock	D		Dividend	III	
Symmetrix Inc. - common stock, Burlington, MA	E		None	None	
StarSight Telecast (formerly Insight Telecast) - common stock, Palo Alto, CA	C		None	None	
Market Street Trust Company - common stock, Corning, NY	E		Dividend	IV	
Proctor & Gamble - common stock	C		Dividend	II	
Inertial Motors Corporation - common stock, restricted shares, Doylestown, PA	B		None	None	
Nova Care - common stock	E		None	None	P
Sun Microsystems - common stock	B		None	None	P
U.S. Government Obligations:					
Savings bonds series E & EE	B		Interest	I	
Treasury bill (sold in 1993)	None		Interest	IV	S
Other:					
Chase Manhattan First Bank, N.A., Corning, NY	E		Interest	IV	
Citibank, N.A., New York, NY	D		Interest	III	
Community National Bank, Addison, NY	B		Interest	I	
Corning Federal Credit Union, Corning, NY	A		Interest	I	
South Shore Bank, Quincy, MA	B		Interest	II	
Vanguard Treasury Portfolio - mutual fund, Valley Forge, PA	G		Dividend	V	P, S
76-78 East Market Street (investment property), Corning, NY	G		Rent	VII	
Congressional Federal Credit Union, Washington, DC	B		Interest	II	
Citizens Bank of Massachusetts, Fairhaven, MA	B		Interest	II	

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships:					
Acorn III, a general partnership which is the sole limited partner in Richmont LTD, a partnership holding a real estate investment in an office/warehouse building, 1666 W. Firman St., Richardson, TX (share - 10.00/9.80%**)	D	(2)	Partnership	None	
Acorn IV, a general partnership which is the sole limited partner in Whitehall LTD, a partnership holding a real estate investment in vacant land within Walnut Creek Industrial Park, Austin, TX (share - 20.00/19.60%**)	E	(2)	Partnership	III	
Corning Associates II, managed by Aicre Realty, rental of office building, 41 State Street, Albany, NY (share - 50.00/5.50%**)	E	(2)	Partnership	None	
Bradford Gordon 1990-3, limited partnership organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 3.17%)	B	(2)	Partnership	None	
Mutual Benefit Theatre Partners, L.P.III (formerly Theatre Partners, L.P. III) a partnership formed to finance the live stage theatrical production and presentation of musical and dramatic plays selected and produced by The Really Useful Theatre Co., Inc., Newark, NJ (share - .70%)	C	(2)	Partnership	VI	
Vinca Broadcasting L.P., limited partnership organized to acquire interest in broadcasting companies, New Preston, CT (share - 7.3%)	E	(2)	Partnership	I	

** Represents ownership % in both investment partnership/ownership in ultimate partnership, respectively.

(2) Valuation method - original investment, plus/less any additional capital contributed/withdrawn since inception.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (Continued):					
Corning Associates VC-1, investment in venture capital partnerships (share - 19.61/ - %**):					
Business Development Capital LTD III, managed by the Foster Management Co., NY, NY; investments are in Hearing Health Services Inc., Emco Sales and Rehab Clinics Inc.; items disposed of during the year ended December 31, 1993 - Waste Disposal Equipment Acquisiton Corporation, Nova Care Inc., Bloodline Inc. and Rehab Group Inc. (share - -/.19%**)	A	(2)	Partnership	IV	
Intersouth Partners, managed by Intersouth Associates, Research Triangle Park, NC, invested in Digital Recorders Inc., Integrated Silicon Systems Inc., IllumElex Corp., Sphinx Pharmaceuticals Inc., Resonex Inc., Imsatt Corp., Trancept Systems Inc. and Cardiovascular Diagnostics Inc.; items disposed of during the year ended December 31, 1993 - Claw Island Foods, MPR Services, Inc., Macronex Inc. and Microwave Laboratories, Inc., (share - -/.78%)	C	(2)	Partnership	VI	
Bradford Gordon 1992-2, limited partnership organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 6.8%)	B	(2)	Partnership	None	
Manhattan Village Associates, limited partnership formed for the purpose of acquiring, owning and operating three apartment buildings located in Manhattan, New York, NY (share - 1.65%)	A	(2)	None	None	

** See explanation at Page 3 of 14.
(2) See explanation at Page 3 of 14.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (continued):					
Associates Partners: general partner in Corning Associates Fixed Income Fund (CAFIF), which merged into the Market Street Fixed Income Trust I (MSFIT I) in 1993 (see holdings listed below) (share - 0%)	None		Partnership	II	
Trusts:					
Market Street Fixed Income Trust I (MSFIT I) (formerly Corning Associates Fixed Income Fund and Market Street Trust Company Fixed Income Fund A)-Delaware business trust - investments include: demand securities of Power Authority of the State of New York, IBM Tax Exempt Grantor Trusts, Massachusetts Industrial Finance Agency, Wisconsin Health and Educational Facilities - Marquette University, City of Anchorage - Alaska, State of Connecticut Economic Recreation Notes, Clark County School District of Nevada, Connecticut State Clean Water Fund, Cumberland County of New Jersey, Maricopa County School District of Arizona, Pennsylvania Higher Education, University of Texas Board of Regents, Port Authority of New York and New Jersey, State of New Jersey, Cook County Community College - Illinois, Texas Municipal Power Agency, Virginia Public Building Authority, Harris County Water Control and Improvement District - Texas, District of Columbia Childrens Hospital, State of Iowa Department of General Services and Department of Corrections, State of Connecticut General Obligation, Los Angeles County Transportation System - California, Florida Municipal Power Agency, Washington County Unifield Sewerage Agency - Oregon, City of Tacoma Electric System - Washington, Northern Arizona University, North Charleston Sewer District - South Carolina, Las Vegas Valley Water District - Nevada, Bergen County Utilities Authority - New Jersey, Kentucky Turnpike Authority, State of Oregon Transportation, Florida State Board of Education, Hillsborough County - Florida, New York State Mortgage Agency, Oregon State Housing Community Services Department, Southern California Public Power Authority, University of Michigan, Texas Water Development Board, Georgia State Housing and Finance Authority, State of Connecticut Special Tax Obligation, State of Connecticut Custodial Receipts, Sacramento Municipal Utility District - California, Santa Ana Community Redevelopment Agency - California, Utah State Board of					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Regents, Allegheny County Hospital Development Authority - Pennsylvania, Boulder Urban Renewal Authority - Colorado, Missouri Health and Educational Facilities Authority, State of Colorado, Texas Health Facilities Development Corp., Southern California Rapid Transit District, Louisa County - Iowa, City of Modesto - California, Louisiana Recovery District, Centennial Water and Sanitation District - Colorado, Washington Public Power Supply System, Maine Municipal Bond Bank Limited, Missouri State Environmental Improvement and Energy Resources Authority, North Central Texas Health Facilities Development Corp., Houston Independent School District - Texas, Nebraska Public Power District, Richland County - South Carolina, Geisinger Authority - Pennsylvania, Pennsylvania Intergovernmental Cooperative Authority, Rhode Island Depositers Economic Protection Corp., District of Columbia Hospital, Texas Public Property Finance Corp., Colorado Housing Finance Authority, City of LeClaire - Iowa, Battery Park City Authority - New York, North Carolina Medical Care Commission Hospital, City of Detroit - Michigan, DeSoto Parish - Louisiana, Commonwealth of Pennsylvania, State of Connecticut Special Assessment Unemployment Compensation Advance Fund, State of Hawaii, City of Greensboro - North Carolina, Kansas City School District - Missouri, Chicago O'Hare International Airport - Illinois, Arizona Transportation Board, Salt River Project Agricultural Improvement and Power District - Arizona, Jacksonville Electric Authority - Florida, Georgia Municipal Electric Authority, City of Dover - Delaware, Puerto Rico Public Building Authority, Western Municipal Power Agency - Minnesota, Wisconsin Health and Higher Education Facilities - Wheaton Franciscan Services and Pierpont Money Market Fund (share - .006%)					
MSFIT I holdings disposed of during the year ended December 31, 1993 - municipal bonds of Howard County - Maryland, New York State Dormitory Authority, State of California Franchise Tax, Maryland Department of Transportation, Wisconsin Health and Educational Facilities - St Lukes Hospital, State of California Various					

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Purpose, Triborough Bridge and Tunnel Authority of New York, Municipal Assistance Corp. for New York City, Westchester County - New York, State of Wisconsin General Obligation, Montgomery County - Maryland, State of Washington, L.A. County Transportation Commission - California, Texas National Research Laboratory Commission, Tarrant County Water Control and Improvement District - Texas, Johnson County Water District - Kansas, Omaha Public Power District - Nebraska, Coweta County School System - Georgia, City of Syracuse - New York, Monroe County - New York, Nyack Union Free School District - New York, New York State Urban Development Corp. - University of Rochester, New York State Environmental Facilities Corp., Municipal Assistance Corp. - City of New York, New Jersey Sports and Exposition, Massachusetts Housing Finance Agency, Boston Water and Sewer Commission - Massachusetts, Delaware Transportation Authority, Massachusetts Health and Educational Facilities, Commonwealth of Massachusetts, Federal Farm Credit Banks, Iowa School Corps, South Dakota School District, State of Texas, State of Montana, Pima County - Arizona, State of West Virginia, Alief Independent School District - Texas, City and Borough of Juneau - Alaska, Douglas County School District - Colorado, City of New York General Obligation, Interlochen Metropolitan District - Colorado, New York City Municipal Water Finance Authority - New York and Vermont Municipal Bond Bank.					
No reportable transactions given that the marginal personal investment in MSFIT I is less than 1/166 of 1% and the Congressman's direct interest in various purchases or sales was below the $1,000 reporting threshold.	B	(3)	Trust	II	
Market Street Equity Trust II (MSET II) (formerly Corning Associates Equity Fund) - Delaware business trust - investments include: common stock of Wal Mart Stores, Home Depot, Pepsico, Coca Cola, Sysco, General Mills, Kellogg, Rubbermaid, McDonalds Corp., Bausch & Lomb, Duracell International, Gillette, First Data Corp., Proctor & Gamble, Automatic Data Processing and Pierpont Money Market Fund (share - .12%)					

(3) Valuation Method - Partner's share of market value of investments at 12/31/93.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN COVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
MSET II items disposed of during the year ended December 31, 1993 - Abbott Labs, Toys R Us, State Street Boston, Merck & Co., Johnson & Johnson, Pfizer and Nike.	C	(3)	Trust	IV	P,S
Market Street Trust Company New York Trust (MSNYT) (formed during 1993) - Delaware business trust - investments include: municipal bonds of City of New York General Obligation - New York, Monroe County - New York, Nyack Union Free School District - New York, Niagara County Industrial Development Agency - New York, New York State Environment Facilities Corporate Pollution Control - State Water Revolving Fund New York City Municipal Waste Finance, Municipal Assistance Corp. for the City of New York - New York, New York State Mortgage Agency - Homeowner Mortgage 27th, Power Authority of the State of New York, New York State Local Government Assistance Corp., New York City Municipal Water Finance Authority - New York, Triborough Bridge and Tunnel Authority - New York, New York State Mortgage Agency, Triborough Bridge and Tunnel Authority Special Obligation - New York and Pierpont Money Market Fund (share - .039%)					
No reportable transactions given that the marginal personal investment in MSNYT is less than 1/25 of 1% and the Congressman's direct interest in various purchases or sales was below the $1,000 reporting threshold.	B	(3)	Trust	I	
Amory Houghton Jr. Trust U/W A. B. Houghton - (interest in income only)			Trust	VIII	
Holdings consist of:					
Trusts:					
Market Street Fixed Income Trust I (formerly Corning Associates Fixed Income Fund and Market Street Trust Company Fixed Income Fund A) (see holdings listed above) (share - 1.09%)	C	(3)			

(3) See explanation at Page 7 of 14

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Market Street Trust Company New York Trust (formed during 1993) (see holdings listed above) (share - 6.61%)	G	(3)			
Market Street Equity Trust I - Delaware business trust - investments include: Biogen, Chiron, Liposome Technology, Parametric Technology, Crosscomm, Platinum Technology, Powersoft, Synopsys, Walker Interactive Systems, Wellfleet Communications and Pierpont Money Market Fund (share - 3.22%)	F	(3)			
Cornings Associates VC-3, investment in venture capital partnership (share - 3.55% /0.56%**): Abbingdon Venture Partners LP-III, managed by the Foster Management Co., NY, NY; organized to invest in companies primarily in the health services industry	B	(2)			
U.S. Government Obligations:					
U.S. Treasury note (sold in 1993)	None				
Real Estate:					
Residence (occupied by the Congressman), Washington, DC	H				
Other:					
Corning Incorporated - common stock	H				
Demand notes receivable from Amory Houghton Jr.	F				
Principal cash - interest bearing (Citibank, N.A.)	C				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	None				
Income cash - interest bearing (Citibank, N.A.)	B				
Income cash - interest bearing (Goldman Sachs I.L.A.)	A				
Harbor International Fund - equity mutual fund, Toledo, Ohio	B				

** See explanation at Page 3 of 14
(2) See explanation at Page 3 of 14
(3) See explanation at Page 7 of 14

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Amory Houghton Jr. Trust 12/10/34 - (interest in income and limited principal)			Trust	\ I	
Holdings consist of:					
Trusts:					
Market Street Fixed Income Trust I (formerly Corning Associates Fixed Income Fund and Market Street Trust Company Fixed Income Fund A - see holdings listed above) (share - .93%)	G	(3)			
Market Street Trust Company New York Trust (formed during 1993 - see holdings listed above) (share - 5.66%)	G	(3)			
Market Street Equity Trust II (formerly Corning Associates Equity Fund - see holdings listed above) (share - .69%)	E	(3)			
Partnerships (see holdings listed above):					
Corning Associates VC-3 (share - 1.58% /.025%**)	A	(2)			
U.S. Government Obligations:					
U.S. Treasury note (sold in 1993)	None				
Other:					
Corning Incorporated - common stock	H				
Principal cash - interest bearing (Citibank, N.A.)	B				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	None				
Income cash - interest bearing (Citibank, N.A.)	B				
Income cash - interest bearing (Goldman Sachs I.L.A.)	A				
Harbor International Fund - equity mutual fund, Toledo, Ohio	B				

** See explanation at Page 3 of 14
(2) See explanation at Page 3 of 14
(3) See explanation at Page 7 of 14

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Elizabeth Houghton Trust 12/10/34 - (interest in 1/15 income only)			Trust	VI	
Holdings consist of:					
Trusts					
Market Street Fixed Income Trust I (formerly Corning Associates Fixed Income Fund and Market Street Trust Company Fixed Income Fund A - see holdings listed above) (share - .66%)	G	(3)			
Market Street Equity Trust I (share - .58%)	C	(3)			
Market Street Equity Trust II (formerly Corning Associates Equity Fund - see holdings listed above) (share - .27%)	D	(3)			
Partnerships (see holdings listed above):					
Corning Associates VC-3 (share - 9.43% /.148%**)	B	(2)			
U.S. Government Obligations:					
U.S. Treasury notes (sold in 1993)	None				
Other:					
Corning Incorporated	H				
Principal cash - interest bearing (Citibank, N.A.)	A				
Principal cash - interest bearing (Goldman Sachs I.L.A.)	None				
Income cash - interest bearing (Citibank, N.A.)	A				
Income cash - interest bearing (Goldman Sachs I.L.A.)	A				
Harbor International Fund - equity mutual fund, Toledo Ohio	B				
John C. Dewey Jr. Trust - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	VI	
Holdings consist of:					
Common stock:					
Abbott Labs	C				
American Home Products	C				

** See explanation at Page 3 of 14
(2) See explanation at Page 3 of 14
(3) See explanation at Page 7 of 14

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME (Continued)

	Valuation of Asset		Income		
Asset and/or Income Source	Category of Value	Alternative Valuation	Type of Income	Category of Income	Transaction
Trusts (Continued):					
Amp Inc.	B				
Atlantic Richfield	C				
Bellsouth	C				
Chevron	C				
Coca Cola	E				
Commerce Clearing House	C				
FPL Group	C				
General Electric	D				
Minnesota Mining and Manufacturing	C				
National City Corp.	C				
New England Electric	C				
Reuters Holding PLC	C				
Schering Plough Corp.	C				
WMX Technologies	B				
York International	B				
U.S. Government Obligations:					
Treasury notes	C				
Other:					
Mutual Fund - Federated Investors, Pittsburgh, PA	B				
Talbot Dewey Trust 11/12/80 - (Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	IV	
Holdings consist of:					
Common stock:					
American Home Products	B				
Exxon	C				
FPL Group	C				
Glaxo Holdings	B				
Hartford Steam Boiler	B				
Minnesota Mining and Manufacturing	B				
Myers Industries	B				
Premier Industrial	B				
U.S. Government Obligations:					
Treasury notes	B				
Other:					
Mutual Fund - Federated Investors, Pittsburgh, PA	B				

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE IV - TRANSACTIONS

Identification of Asset	Transaction Type	Date	Amount of Transaction
Corning Incorporated - common stock	Purchase	7/12/93	F
Treasury bill	Sale	1/28/93	E
Vanguard Treasury Portfolio - mutual fund	Purchases	Various	G
Vanguard Treasury Portfolio - mutual fund	Sales	Various	F
Nova Care - common stock	Purchase	2/3/93	E
Sun Microsystems - common stock	Purchase	5/31/93	C

Market Street Equity Trust II (MSET II) - During 1993, the trust sold an equity investment in Abbott Labs (category G), Toys R Us (category G), State Street Boston (category H), Merck & Co. (category G), Johnson & Johnson (category G), Pfizer (category H) and Nike (category G) and purchased equity investments in First Data Corp. (category G), Proctor & Gamble (category H) and Automatic Data Processing (category H). No other reportable transactions given the marginal personal investment in MSET II is less than 1/8 of 1% and the Congressman's direct interest in various other purchases or sales was below the $1,000 reporting threshold.

SCHEDULE V - LIABILITIES

Creditor	Type of Liability	Category
Amory Houghton Jr. Trust U/W A.B. Houghton	Notes Payable	F
Chase Lincoln First Bank, Corning, NY	Note Payable on 76-78 East Market Street investment property.	F

SCHEDULE VII - FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Source	Dates	Point of Departure Destination Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was Family Member Included? (Y/N)	Any Time Not at Sponsor's Expense? (Y/N)
The Congressional Institute Inc.- 1993 Congress of Tomorrow	Feb. 25-27	Washington, DC Princeton, NJ Washington, DC	Y	Y	N	N

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1993 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE VIII - POSITIONS

Non-Profit Affiliations:
- The Meadows Charitable Trust - Trustee
- The Houghton Foundation - President and Trustee
- The Washington Cathedral Chapter - Inactive Trustee
- Corning Chamber of Commerce - Member
- Corning Museum of Glass - Vice President and Trustee
- Corning Glass Works Foundation - Trustee

Director:
- Market Street Trust Company

Congressman Houghton is also a limited partner in each of the partnerships previously listed in Parts II and III with the exception of Acorn III and Acorn IV where he serves as a general partner.

SCHEDULE IX - AGREEMENTS

Date	Parties to	Terms of Agreement
2/87	Retired employee of Corning Incorporated and beneficiary of certain Company retirement pension and health plans.	Benefits received in accordance with normal plan provisions (lump-sum and/or monthly).
Date	**Parties to**	
2/87	Corning Incorporated (former employer)	Transportation benefits - any retired employee (or immediate family member) is permitted to travel on the Company plane subject to space availability and without charge. For income tax purposes only, income is imputed to the retiree based upon the prevailing commercial airline value of the trip and reported by the Company on federal Form-1099 MISC. Congressman Houghton may also elect to reimburse Corning Incorporated, based on the prevailing commercial airline value of the trip, for use of the Company plane.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

STENY HAMILTON HOYER
(Full Name)

1705 Longworth House Office Building, Washington, D.C. 20515 (202) 225-4131
(Mailing Address) (Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives — State Maryland District 5	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Steny H. Hoyer

DATE (Month/Day/Year): 5/15/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Law Office - Steny H. Hoyer (attributable pre-1991)	Legal fees for services rendered prior to 12/31/91	50.00
	Judith P. Hoyer - Prince George's Co. Board of Education	spouse salary	NA
	Judith P. Hoyer - Medical Advisory Systems, Inc.	director's fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
American Council for Capital Formation, Wash.,DC	speech	May 13, 1993	2,000
Bergner, Boyette, Bockorny & Clough, Inc., Wash., DC	speech	May 13, 1993	1,000
Health and Life Organization	speech	Aug. 6, 1993	500

This page may be copied if more space is required.

Steny Hamilton Hoyer
Name

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
	Keough - Legg Mason						X										NA										
JT	Massachusetts Cash Management			X									X					X									
	Maryland State Retirement			X													NA										
SP	Prince George's Co. Brd. of Ed.	UNKNOWN																									
	Congressional Federal Credit Union		X										X					X									
SP	IRA - Legg Mason			X													NA										

For additional assets and unearned income, use next page.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Bankers Assoc. (speech) (flight expenses)	2/11-14	Wash.,DC-Ft.Myers,Fla-D.C.	N	N	Y	
The Urban Institute (conference) (food and lodging expenses)	2/11-14	Wash.,DC-Boca Raton,Fla-DC	Y	Y	Y	
Md. State Firemen's Assoc. (food and lodging expenses)	6/13-14	Wash.,DC-OceanCity,Md-DC	Y	Y	N	
Business-Industry Political Action Committee (speech)	6/18-20	Wash.,DC-ColoradoSprings-DC	Y	Y	Y	
Waste Management, Inc. (speech)	7/19	Wash.,DC-Chicago-DC	N	Y	N	
Cong. Fire Serv. Institute(speech)	8/29-30	Wash.,DC-Dallas-DC	Y	Y	N	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	University of Maryland Chancellor's Advisory Council
Member	University of Maryland School of Public Affairs, Board of Visitors
Member	St. Mary's College President's Advisory Council
Member	Baltimore Council of Foreign Affairs Board of Trustees
Member	Naval Academy Board of Visitors
Member	National Endowment for Democracy, Board of Directors

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 PM 2:05
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

5

MICHAEL HUFFINGTON
(Full Name)
113 CANNON BLDG, WASHINGTON, DC 20515 (202) 225-3601
(Mailing Address) (Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State Calif District 22	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Michael Huffington	**DATE** (Month/Day/Year) May 12, 1994

1787

Name MICHAEL HUFFINGTON | Page 1 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Examples:	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples:	SP Mega Corp. Stock				X						X								X								P
		123 Main St., Dover, Del.							X				X															
		1st Bank of Peoria, IL accounts					X							X														
		U.S. TREASURY BILLS									X			X													X	
		CALIFORNIA STATE BONDS									X			X											X			
		MARYLAND STATE BONDS						X						X									X					
		NATIONS BANK (IRA)(CASH ACCT)				X								X								X						
		NATIONS BANK (CASH ACCT)						X						X								X						
		ECHO BAY MINES LTD.					X					X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL HUFFINGTON

Income Source	BLOCK B Year-End Value of Asset							BLOCK C Type of Income						BLOCK D Amount of Income								BLOCK E Transaction
	[illegible]	A [illegible] - $1,000	[illegible]	C $10,001 - $50,000	[illegible]	E $100,001 - $250,000	[illegible]	G $500,001 - $1,000,000	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	II $201 - $1,000	[illegible]	IV $2,501 - $5,000	[illegible]	VI $15,001 - $50,000	[illegible]	VIII $100,001 - $1,000,000	[illegible]	P, S, E
CREST FILMS LTD.								X							X									
U.S. TRUST CO (CASH ACCT)									X	X												X		
MORGAN GUARANTY TRUST CO (CASH ACCT)		X										X				X								
BANK OF AMERICA (CASH ACCT)	X											X					X							CLOSED
MORGAN GUARANTY TRUST CO MEDAL ACCT									X						X									
PIERPONT MONEY MARKET FUND (CASH ACCT)									X			X									X			
THE MAGAZINE PRESS INC.				X											X									

This page may be copied if more space is required.

Name MICHAEL HUFFINGTON | Page 3 of 4

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	U.S. TREASURY BILLS	X			12 TIMES ON VARIOUS DATES BEFORE 1992							X
	U.S. TREASURY BILLS		X		3 TIMES ON VARIOUS DATES DURING 1992							X
	CALIFORNIA STATE BONDS	X			6 TIMES ON VARIOUS DATES DURING 1992							X

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	CULVER EDUCATIONAL FOUNDATION
DIRECTOR	ASPEN INSTITUTE
DIRECTOR	UCSB FOUNDATION
DIRECTOR	SANTA BARBARA ZOO

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:32
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

William J. Hughes
(Full Name)

241 Cannon House Office Bldg., Washington, DC 20515 (202) 225-6572
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Distrct NJ 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [X]	No [ ]	**Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ]	No [X]	**Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [X]	No [ ]	**Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes [X]	No [ ]	**Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William J. Hughes

DATE (Month/Day/Year) 5/16/94

1792

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	William J. Hughes		
	F. B. Loveland Trust	Trustee Comm.	$425.95
	M. G. Hand Trust	Trustee Comm.	$2318.39
	Nancy L. Hughes		
	The WJH Corporation	Spouse Salary (officer)	n/a

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization **in lieu of** an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official **Conduct. An envelope** for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name William J. Hughes | Page 4 of 10

[redacted]

	BLOCK B Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."							BLOCK C Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.					BLOCK D Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.								BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	A		C		E		G								II		IV		VI		VIII	
	$1 - $1,000	[redacted]	$15,001 - $50,000	[redacted]	$100,001 - $250,000	[redacted]	$500,001 - $1,000,000	DIVIDENDS	[redacted]	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	None	[redacted]	$201 - $1,000	[redacted]	$2,501 - $5,000	[redacted]	$15,001 - $50,000	[redacted]	$100,001 - $1,000,000	[redacted]	P, S, E
[redacted]			X					X							[redacted]								P
[redacted]										X													
The Coastal Bank 9th Street, Ocean City			X							X					X								
Congressional Federal Credit Union Washington, DC			X							X					X								
South Jersey Industries Stock			X					X							X								
WJH Corporation					X			X					X										
Commerce Bancorp, Inc.-NJ, Stock (formerly Coastal Bank)			X					X							X								
Public Service Electric & Gas Stock			X					X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Hughes

Block A: Asset and/or Income Source	Block B: Year-End Value of Asset — None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: Type of Income — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: Amount of Income — None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: Transaction P, S, E
Business Office Wesley Road, Ocean City				X							X					X										
Asbury Apartments Asbury Avenue, Ocean City						X					X											X				
Bayfront Apartments Ocean City						X					X										X					
WV Condominium St. Thomas, USVI						X					X									X						
Apartment, 2nd Street, SE, Wash., DC						X					X										X					
Atlantic County MUA Bonds			X									X						X								
Franklin Twp., Somerset Co. School Dist. Bonds				X								X							X							
NJ Turnpike Authority Bonds				X								X							X							S
West Long Branch NJ Board of Education Bonds				X								X							X							
New York Life Insurance Co. Annuity			X									X						X								
State of NJ Pension Plan & Supp. Annuity Trust					X					X			X							X						
IRA's - ADVEST CO.																										
Coastal Bank Stock			X							X							X									
Delaware Group/Delaware Fund, Inc.				X						X								X								
Essex Co. NJ Pram Bond			X									X				X										
Franklin Custodial Funds (US Gov't)					X							X								X						P

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William J. Hughes

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
So. Jersey Industries Stock			X							X								X								
U. S. Treasury Notes					X							X								X						P
Advest Bank Money Mkt/Brokerage Acc't				X								X								X						
Keystone Custodial Fund			X							X							X									
USX - Marathon Group			X							X							X									P

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	NJ Turnpike Authority Bonds (redemption)		X		1/1/93		X					
	IRA 's											
	USX-Marathon Group	X			4/8/93	X						
	US Treasury Notes	X			4/12/93		X					
	Franklin Custodial Funds, Inc. (U.S. Gov't Sec)	X			reinvest monthly & invested in income series	X						

This page may be copied if more space is required.

Name	William J. Hughes	Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT.	Creditor	Type of Liability	Amount of Liability: B [illegible]	C $15,001–$50,000	D [illegible]	E $100,001–$250,000	F [illegible]	G $500,001–$1,000,000	H [illegible]
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Elaine Farashian, Ocean City, NJ	Mortgage on 1117 Bayfront, Ocean City, NJ		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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1800

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President, Director	The WJH Corporation, P. O. Box 545, Ocean City, NJ
Director	Stockton State College Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Duncan Lee Hunter
(Full Name)

133 Cannon HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone
(202) 225-5672

MC HAND DELIVERED
(Office Use Only)

6

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 52	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year) APRIL 29 1994

1802

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Duncan Lee Hunter

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
JT	House, Walney Rd, Chantilly, VA							X				X										X					
JT	Horse Stable & Barn, Walney Rd, Chantilly, VA				X							X								X							
	Cabin, Blue Ridge Mountains Warren Cty, VA				X							X									X						
	27 Acres, Warren County, VA				X						Timber Sale										X						
JT	House, 4 The Inlet, Coronado, CA							X				X											X				
JT	5/8 Acre Lot, Riverside, CA				X								N/A				X										

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Wright Patman Federal Credit Union, Wash, DC	Personal Loan	X						
JT	Key Corp Mortgage, Albany, NY	Mortgage on House & Barn, Chantilly, Virginia *PAID OFF*				X			
JT	Margaretten & Co, Richmond, VA	Refinanced Mortgage on House & Barn Chantilly, VA				X			
JT	World Savings, San Leandro, CA	Mortgage on Coronado, CA House				X			
	I. Moskey, Alexandria, VA	Loan on Blue Ridge Mtn Acreage			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Bank of Coronado, Coronado, CA 92118	Personal Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Institute	Feb 25–27	Wash.,DC-Princeton, NJ-DC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	American Security Council (No Salary)
President	American Security Council Foundation (No Salary)
Co-Chairman	National Security Caucus (No Salary)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:00

Y. Tim Hutchinson
(Full Name)

309 Razorback , P.O. Box 933
(Mailing Address)

202-2254301
Daytime Telephone

Bentonville, Arkansas 72712

HAND DELIVERED
(Office Use Only)

Filer Status	[ ] Member of the U S House of Representatives — State Ar District 3	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [✓]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tim Hutchinson	**DATE** (Month/Day/Year) May 16, 1994

1808

Name Y. Tim Hutchinson | Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] each asset held for investment or [illegible] of income with a fair market value [illegible] $1,000 at the end of the reporting year, [illegible] any other asset or source of income which [illegible] more than $200 in "unearned" income [illegible] the year. For rental property or land, provide [illegible]. Provide full names of any mutual [illegible]. For an IRA or retirement plan that is self-[illegible] list the underlying assets worth more than [illegible]. For an IRA or retirement plan that is not [illegible], name the institution holding the [illegible].

[illegible]: Your personal residence(s) (unless there is [illegible] income); any debt owed to you by your [illegible], or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in [illegible] savings accounts; any financial interests in or income derived from U.S. Government retirement [illegible].

[illegible] you so choose, you may indicate that an asset or income source is that of your spouse (SP) or [illegible] child (DC) or is jointly held (JT), in the [illegible] column on the far left.

[illegible] further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP	Maja Corp. Stock				X						X								X								P
DC	Examples: 123 Main St., Dover, Del.							X				X															
JT	1st Bank of Peoria, IL accounts					X							X														
S	Rocky Haven Investments, Inc.													X							X						
JT	Radio Station Equipment													X							X						

For additional assets and unearned income, use next page.

Name Y. Tim Hutchinson | Page 3 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B [illegible]	C $15,001–$50,000	D [illegible]	E $100,001–$250,000	F [illegible]	G $500,001–$1,000,000	H [illegible]
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Marjorie Hutchinson, Ada, Oklahoma	Personal Loan		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Mrs. Nancy Van Poucke	Print of Oil Painting	$130
Indian Paintbtush Gallery		
Siloam Sprigns, Ar 72761		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Miami Chamber of Commerce	Ap.2-4	Wash. D.C.-Miami-D.C.	Y	Y	N	N
	Independent Bakers Board	Oct. 1-2	Wash. D.C.-Las Vegas-Fayetteville, Ar	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF FINANCIAL DISCLOSURE
1994 JUN -7 PM 1:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

(7)

Y. Tim Hutchinson
(Full Name)

309 Razorback, P.O. Box 933
(Mailing Address)

202-225-4301
Daytime Telephone

Bentonville AR. 72712

Filer Status	☒ Member of the U.S. House of Representatives — State AR, District 3	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 15)	☒ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tim Hutchinson

DATE (Month/Day/Year): 6-7-94

1812

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Westat	spouse Salary	NA
	Rocky Haven Investments, Inc.	spouse's ordinary income from business activities	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Tim Hutchinson

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
S	Rocky Haven Investments, Inc.	X												X							X						

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Tim Hutchinson

Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Radio Station equipment (all assets sold and business closed in 1993)		X		9-1-93	X						

This page may be copied if more space is required.

Name Tim Hutchinson | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B [illegible]	C $15,001–$50,000	D [illegible]	E $100,001–$250,000	F [illegible]	G $500,001–$1,000,000	H [illegible]
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Marjorie Hutchinson, Ada, OK	personal loan		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Tim Hutchinson | Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	miami Chamber of Commerce	April 2-4	Wash, D.C. - Miami - D.C.	Y.	Y.	N	N
	Independent Bakers	oct. 1-2	Wash., D.C. - las Vegas — Fayetteville, AR.	Y	Y	N	N

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TIM HUTCHINSON
3rd District, Arkansas

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
Ranking Member
ECONOMIC DEVELOPMENT
SURFACE TRANSPORTATION
WATER RESOURCES AND ENVIRONMENT
VETERANS' AFFAIRS
Ranking Member
EDUCATION, TRAINING, AND EMPLOYMENT
RANKING MINORITY
COMPENSATION, PENSION, INSURANCE, AND MEMORIALS
HOSPITALS AND HEALTH CARE

Congress of the United States
House of Representatives
Washington, DC 20515-0403

WASHINGTON OFFICE
1541 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-4301

DISTRICT OFFICES
UNITED STATES FEDERAL BUILDING
35 EAST MOUNTAIN
FAYETTEVILLE, AR 72701
(501) 442-5258

UNITED STATES FEDERAL BUILDING
6TH AND ROGERS STREETS
POST OFFICE BOX 1824
FORT SMITH, AR 72902
(501) 782-7787

UNITED STATES FEDERAL BUILDING
POST OFFICE BOX 579
HARRISON, AR 72601
(501) 741-6900

June 7, 1994

The Honorable Donnald K. Anderson
The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

I am correcting and completing some portions of my Financial Disclosure Statement. I am listing those corrections as follows:

Preliminary Information-#1 no to yes
#3 no to yes
#4 no to yes
#5 no to yes

Schedule I, Earned Income-Add Westat & Rocky Haven Investment, Inc.
Schedule III, Assets-Delete radio station equipment
Schedule IV, Transactions-Add radio station equipment
Schedule VI, Gifts-Delete gift listed, does not need reporting

With kind regards,

Sincerely,

Tim Hutchinson

TIM HUTCHINSON
Member of Congress

TH:de

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

[illegible] HOUSE OF REPRESENTATIVES
[illegible] DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

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4

EARL D. HUTTO (Full Name)
2435 RAYBURN BUILDING
WASHINGTON D.C. 20515 (Mailing Address)
(202) 225-4136 Daytime Telephone

[illegible]
[X] Member of the U S House of Representatives — State FLORIDA District 1ST
[X] Annual (May 15)
[ ] Amendment
[ ] Officer or Employee — Employing Office
[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

[illegible] have "earned" income (e.g., salaries or fees) [illegible] any source in the reporting period? [illegible] and attach Schedule I.	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes [ ] No [X]
[illegible] or organization make a donation to charity in lieu [illegible] a speech, appearance, or article in the reporting [illegible] and attach Schedule II.	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes [X] No [ ]
[illegible] spouse, or a dependent child receive "unearned" [illegible] than $200 in the reporting period or hold any [illegible] worth more than $1,000 at the end of the period? [illegible] and attach Schedule III.	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [ ] No [X]
[illegible] spouse, or dependent child purchase, sell, or [illegible] reportable asset worth more than $1,000 in the [illegible]? [illegible] and attach Schedule IV.	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ] No [X]
[illegible] your spouse, or a dependent child have any reportable [illegible] than $10,000) during the reporting period? [illegible] and attach Schedule V.	Yes [X] No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

[illegible]—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not [illegible]. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
[illegible]—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they [illegible] all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

[illegible] Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon [illegible] application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who [illegible]ingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Earl D. Hutto — DATE (Month/Day/Year) 5/14/94

Name EARL D. HUTTO | Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] assets held for investment or [illegible] income with a fair market value [illegible] at the end of the reporting year, [illegible] each asset or source of income which [illegible] in "unearned" income [illegible]. For rental property or land, provide [illegible]. Provide full name of any mutual [illegible], IRA or retirement plan that is self-[illegible] the underlying assets worth more than [illegible] an IRA or retirement plan that is not [illegible], name the institution holding the [illegible].

[illegible] Your personal residence(s) (unless there is [illegible] income); any debt owed to you by your [illegible] or by your or your spouse's child, parent, [illegible]; any deposits totalling $5,000 or less in [illegible] savings accounts; any financial interests in [illegible] income derived from U.S. Government retirement [illegible].

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP / DC / JT	Examples:		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP		Mega Corp. Stock				X						X															P
DC		123 Main St., Dover, Del.							X																		
JT		1st Bank of Peoria, IL accounts					X							X													
JT		HOUSE - 690 WYANDOTTE RD - HIGHLANDS, NC					X						X						X								
JT		HOUSE - 942 MARTIN STREET CLARK, ALABAMA				X							X						X								
JT		FIDELITY DESTINY I MUTUAL FUND			X							X							X								
DC		FIDELITY PURITAN " "			X							X							X								

For additional assets and unearned income, use next page.

Name EARL D. HUTTO | Page 3 of 4

SCHEDULE V — LIABILITIES

[redacted] of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed [redacted] year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and [redacted] to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period [redacted] $10,000. For further information, see Instructions, pages 21–22.

[redacted]	Creditor	Type of Liability	Amount of Liability [redacted]	C $15,001–$50,000	[redacted]	E $100,001–$250,000	[redacted]	G $500,001–$1,000,000	[redacted]
[redacted] Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	FIRST FEDERAL SAVINGS BANK-PANAMA CITY, FLA	MORTGAGE ON 900 WYANDOTTE DRIVE		X					
		HIGHLANDS N.C.							
JT	SOUTHTRUST BANK OF OZARK-OZARK, ALA	MORTGAGE ON 947 MARTIN ST. OZARK		X					

SCHEDULE VI — GIFTS

[redacted] the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	UTAH CHALLENGE CHARITIES	AUG 22-25	PENSACOLA, FL-SL CITY-SUNVALLEY	Y	Y	Y	N
	DANNY THOMPSON MEMORIAL CHARITY GOLF TOURNAMENT	AUG. 26-28	SL CITY-SUN VALLEY-PENSACOLA	Y	Y	Y	N

This page may be copied if more space is required.

EARL HUTTO
1ST DISTRICT
FLORIDA

2335 RAYBURN BUILDING
WASHINGTON, DC 20515-0901
(202) 225-4136

COMMITTEES
ARMED SERVICES
MERCHANT MARINE AND
FISHERIES

Congress of the United States
House of Representatives
Washington, DC 20515-0901

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(904) 478-1123

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MC

Amendment to Financial Disclosure 1993
Earl Hutto

On page 2, Schedule III
Omitted was:
Fidelity Overseas Mutual Fund
Block B - Valuation of Asset - X under B
Block E - Transaction - sold 1/11/93

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 1:51

HAND DELIVERED
(Office Use Only)

Henry J. Hyde
(Full Name)

House of Representatives
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-4561

Filer Status	[x] Member of the U S House of Representatives	State IL District 6	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Henry J. Hyde

DATE (Month/Day/Year) 5-16-94

1824

Name	Henry J. Hyde	Page	of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Illinois General Assembly Retirement, Springfield, Illinois	pension	$5,578.00

For payments to charity in lieu of honoraria, use Schedule II.

Name	Henry J. Hyde	Page	of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization **in lieu of an** honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official **Conduct. An envelope** for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	American Amusement Machine Association Woodbridge, Virginia	speech	May 17,1993	$1000.00

This page may be copied if more space is required.

Name Henry J. Hyde | Page of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
	Congressional Federal Credit Union, Washington, D.C.						X						X								X						
	IRA White House Federal Credit Union, Washington D.C.				X								X						NA	IRA							

For additional assets and unearned income, use next page.

Name	Page of
Henry J. Hyde	

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Institute (Conference)	2-25-93 2-27-93	Washington,D.C./Princeton N.J./Washington,D.C.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only) (3)

Robert Durden Inglis
(Full Name)

15 Ben Street
Greenville, S.C. 29601
(Mailing Address)

Daytime Telephone 202/225-6030

Filer Status	[X] Member of the U S House of Representatives	State SC Distnct 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: R D Inglis

DATE (Month/Day/Year): May 13, 1994

Name Robert D. Inglis

Page 1 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	EXCEPTED BLIND TRUST	None	I	II $201 – $1,000	III	IV $2,501 – $5,000	V	VI $15,001 – $50,000	VII	VIII $100,001 – $1,000,000	IX	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X															
JT	1st Bank of Peoria, IL accounts					X							X														
	First Natl Bank of SC (Individual Retirement Acct holding the following assets):																										[
	Wal-Mart Stores, Inc.		X								X							X									
	Amsouth Bancorporation (Previously First Chattanooga Fin Corp. before merger on 3/9/93)			X							X							X									
	Money Market				X								X						X								

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name: Robert D. Inglis

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP, DC, JT	Asset												
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	Transfer of Individual Retirement Account from Shearson Lehman Brothers, Inc. to First Union National Bank of South Carolina				x	4/26/93		x					

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 18 AM 8:00

(10)

JAMES MOUNTAIN INHOFE
(Full Name)

2139 EAST 32ND STREET
TULSA OK 74105-2213
(Mailing Address)

202-225-2211
Daytime Telephone

MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State OKLAHOMA District ONE	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL James M. Inhofe

DATE (Month/Day/Year) May 14, 1994

1832

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JAMES M. INHOFE

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP				X						X								X								P
									X				X										X					
							X							X							X							
JT	Tulsa Tiger Company, Distributive share of S-Corporation		X									S-Corp share						X										
	Tulsa Tiger - receivable									X				X				X										
SP	Guaranty Abstract (not traded)			X								X						X										See Scedule IV
SP	Dean Witter Reynolds Inc.				X							X							X									
SP	First Union		X											X					X									
SP	F & M Bank							X						X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES M. INHOFE

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	COMPENSATION	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Bank of Oklahoma			X									X					X									
SP	Bank IV	X											X					X									
SP	Dean Witter Trust			X							X							X									
SP	Ford Motor Company					X					X								X								
	Congressional Federal Credit Union		X										X					X									See
	Dean Witter Reynolds Inc			X							X							X									Schedule IV
	Dean Witter Reynolds Inc(PNC Mortgage)				X								X						X								
	Bank IV - Winnie May Account			X									None				X										
	M.L.P.F. & S.								X		X												X				
	F & M Bank				X								NONE				X										

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Details of Revocable Living Trust
Capital Advisors
Securities Assets
Schedule III

Asset and/or Income Source	Category Year End Value	Type Income	Category of Amount Income
* MLPF & S: *			
ML Ready Assets	F	Interest	V
AMN Barrick Res.Corp.	C	Dividend	I
Bristol Myers Squibb	C	Dividend	III
Walt Disney Company	D	Dividend	III
Gillette	C	Dividend	II
Home Depot Inc	D	Dividend	II
Johnson and Johnson	D	Dividend	III
Merck and Co.	C	Dividend	III
Mobile Corp	C	Dividend	III
Newmont Mining	C	Dividend	I
Nike Inc	C	Dividend	II
Phillip Morris	C	Dividend	III
Placer Dome Inc	C	Dividend	I
Royal Dutch Petroleum	C	Dividend	III
Texaco Inc	C	Dividend	III
WalMart Stores	D	Dividend	II
SPOUSE			
Dean Witter Trust:			
Cifra			
Dean Witter Discovery			
Hopewell Holding			
WalMart	B	Dividend	I

* The assets listed in Schedule III are managed by Capital Advisors, a registered investment adviser. Capital Advisors has full and complete discretion and trading authority over these assets. The asset managers do not consult with me on the nature or timing of any transactions with respect to any of these assets.

The decisions made with respect to the buying and selling of these assets are made by Capital Advisors as a part of its overall asset allocation model, which asset allocation model is also used for most, if not all, of the similarly constituted accounts managed by Capital Advisors.

Name JAMES M. INHOFE

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	LAND via TULSA TIGER COMPANY		X		06-03-93				X			
	DEAN WITTER DISCOVER AND CO	X			03-01-93	X						
	MICRO SOFT CORP	X			01-14-93		X					
	AT & T	X			01-04-93		X					
	MCI COMMUNICATION CORP.	X			01-04-93		X					
	HOME DEPOT INC		X		01-14-93		X					
	NIKE INC		X		01-14-93	X						
	WALMART		X		01-14-93		X					
	NIKE INC		X		02-18-93		X					
	PHILLIP MORRIS COMPANIES		X		03-08-93		X					
	NEWMONT MINING		X		04-29-93	NIL						

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Name	JAMES M. INHOFE	Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000.** For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	FDIC	Final judgement - under appeal in Tenth Circuit Court						X	

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
St. John Medical Center Health Club	50 (Fifty) visits @ $5.00 (not used)	$250
University of Oklahoma	Home game athletic tickets (not used)	$250
University of Tulsa	Athletic tickets (not used)	$250

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT	TULSA TIGER COMPANY

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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1994 MAY 16 PM 3:23

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Jay Robert Inslee
(Full Name)

1431 Longworth Blg. House of Representatives Wash. DC 20515
(Mailing Address)

Daytime Telephone
202-225-5816

Filer Status	[X] Member of the U.S. House of Representatives — State Wash. District 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
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Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL — J. Inslee

DATE (Month/Day/Year) — May 16, 1994

1842

Jay Inslee [redacted]

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
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	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	135,522

For payments to charity in lieu of honoraria, use Schedule II.

Name Jay Inslee

Page 7 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	Transaction P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	New York Life Insurance				X							Unpaid Life Accumulation							X								
	Mainstay Funds - Mutual Funds				X							Mutual Fund Dividends							X								P
	Peters Fowler & Inslee - 401(K) Plan				X							Profit Sharing Accumulation					NA										E
	House 1266 Tibbling RD. Selah Wash.						X					X										X					
	(This house was not listed in the previous filing since it was																										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay Inslee

Page 3 of 7

BLOCK A Asset Producing Income Source	BLOCK B Year-End Value of Asset: A $1 - $1,000	B	C $15,001 - $50,000	D	E $100,001 - $250,000	F	G $500,001 - $1,000,000	H	BLOCK C Type of Income: DIVIDENDS		INTEREST		EXCEPTED TRUST		BLOCK D Amount of Income: I None	II $201 - $1,000	III	IV $2,501 - $5,000	V	VI $15,001 - $50,000	VII	VIII $100,001 - $1,000,000	IX	BLOCK E Transaction: P, S, E
not previously used to																								
generate rental income)																								
Congressional Credit Union			X								X				X									
First Interstate Bank Salah Wash.			X								X				X									
Peters Fischer & Inslee, stock sale				X								X								X				

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SCHEDULE IV — TRANSACTIONS

Name Joy Inslee | Page [redacted]

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Peters Schmidt & Inslee, 401 (k) Plan ~~[illegible]~~			X	8-31-93		X					
	Manistay Funds → Mutual Funds, stocks & bonds	X			8-31-93		X					

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1846

Name Jay Inslee [redacted]

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities owed to a spouse**, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B [illegible]	C $15,001–$50,000	D [illegible]	E $100,001–$250,000	F [illegible]	G $500,001–$1,000,000	H Over $1M [illegible]
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Robert and Gertrude Tindall	Mortgage on RT 2 Box 3038 Lower Island Wash.		X					
	Yakima Federal	Mortgage on House 1216 Tribling RD. Selah		X					
	[redacted] Error	Error [redacted]							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Jay Inslee	[redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12-1-92	Peters Fowler & Inslee	Buyout of Law Practice over 5 years.
		This contains no terms regarding
		future employment

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

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Ernest James Istook, Jr.
(Full Name)

6113 Inland
Warr Acres, OK 73132
(Mailing Address)

Home: (405) 722-3366
D.C. Ofc.: (202) 225-2132
Daytime Telephone
Okla. Ofc.: (405) 942-3636

Filer Status	☒ Member of the U S House of Representatives	State Oklahoma Distrct 5th	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Ernest J. Istook, Jr.

DATE (Month/Day/Year) 5/11/94

Name	Page 2 of 6
ISTOOK, Ernest James, Jr.	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Law Practice Income (residual income from self-employment practice of law prior to service in Congress *)	Legal Fees	$ 12,641 82
	Presbyterian Hospital	Spouse Salary-Nursing	NA

* includes quit claim sale of potential real property interests which had been received by law practice corporation as part of legal fees

For payments to charity in lieu of honoraria, use Schedule II.

Name ISTOOK, Ernest James, Jr. | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X							X							
	Law Office Furnishings & Equipment 5400 NW Grand, Oklahoma City, and storage			X													X										Sold in past
	Istook & Associates, P.C. Stock (being dissolved)			X													X										
JT	MidFirst Bank, Oklahoma City		X										X					X									
JT	Congressional Federal Credit Union, Washington, DC		X										X					X									
JT	Community Bank, Warr Acres, OK		X										X					X									
JT	Home - 6113 Inland Rd., Warr Acres, OK						X										X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ISTOOK, Ernest James, Jr. | Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Investors Group, Ltd., stock (being dissolved)		X														X										
DC	20th Century Ultra Fund Kansas City, MO			X															X								
	IRA Account - Scudder Japan Fund, Inc. Boston, MA		X											X				X									
	The following holdings are via self-directed retirement plan of Istook & Associates, P.C.:																										
	Liberty National Bank Oklahoma City, OK			X									X						X								
	William Donihoo Prom. Note & Mtg. - Oklahoma City, OK			X									X							X							
	Judy McKinney Prom. Note & Mtg. - Bethany, OK			X									X				X										
	Ron, Pam, Aaron & Julie Keeling Prom. Note & Mtg. - Chandler & Depew, OK				X								X				X										
	Ernest & Judy Istook Prom. Note & Mtg. - Ware Acres, OK					X							X				X										
	(END RETIREMENT FUND LISTING)																										
	Istook for Congress Committee Promissory Note - Loan (Paid off in 1993)				X												X										Paid off in 1993

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Institute, Inc. (Republican Issues Conference)	Feb. 25-27	Wash., D.C.-Princeton, N.J.-Wash., D.C.	Y	Y	Y (Spouse)	N
	National Association of Broadcasters (Legislative Forum)	Feb. 7-10	Oklahoma City-Fort Meyers, FL-Oklahoma City	Y	Y	Y (Spouse)	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President & Director	Istook & Associates, P.C., Oklahoma City, OK (being dissolved)
President & Director	Investors Group, Ltd. Oklahoma City, OK } NOTE: These are unsalaried positions in defunct entities, awaiting formal dissolution, held solely to administer assets on behalf of law clients, from settlement of a case
President & Director	Tundra Financial Corp. Ft. Worth, TX }

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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ANDREW JACOBS, JR. (Full Name)
2313 RAYBURN, D.C. 20515-1410 (Mailing Address) 202-225-4011 (Daytime Telephone)

Filer Status	☒ Member of the U S House of Representatives	State IN District 10th	☐ Officer or Employee	Employing Office.
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Andrew Jacobs Jr.

DATE (Month/Day/Year): 5-9-94

1855

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	As an independent contractor, spouse did feature T.V. segments for Channel 13, WTHR as well as commercials for other studios during 1993.	BROADCAST	5,772.66

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ANDREW JACOBS, JR.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
S	FIRST IND. SAVINGS BANK (INDPLS)		$		7	1	4	7	4	7			X							$		2	0	7	6	7	
JT	NATIONAL BANK DETROIT (INDPLS)		$	2	8	5	9	1	2	4			X							$	1	0	4	8	0	6	
S	IRA NATIONAL BANK DETROIT (INDPLS)		$	3	8	2	1	9	9	8			NA									NA					
	CONGRESSIONAL FED. CR. UNION		$		9	8	9	6	5	4			X							$		2	9	9	9	8	
	TWO U.S. SAVINGS BONDS	$	2	0	0	0	0	0	–	–			X							$	6	1	0	0	–	–	
	CITY SECURITIES (IPLS) BOND ACC.	$	1	2	3	1	0	5	5	0			X								5	9	9	7	5	0	

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name ANDREW JACOBS, JR

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP, DC, JT	Asset												
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	CITY SECURITES CORPORATION OF INDIANAPOLIS REINVESTS BONDS IT PURCHASED AND HOLDS FOR ME AS A CONSEQUENCE OF MY INVESTMENT WITH THE FIRM IN THE EARLY 1970's ($70,000.) AND THE MID 1980's ($50,000.). I DO NOT PARTICIPATE IN CHOICES OF REPLACEMENT BONDS AS OLD BONDS MATURE. PLEASE SEE PAGE 4 AND THE ATTACHED. (NO OTHER TRANSACTIONS)												

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability						
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE			

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

NONE

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

City Securities Corporation

135 N. PENNSYLVANIA STREET, SUITE 2200, INDIANAPOLIS, IN 46204

Nearly 70 solid years of complete investment banking service

ANDREW JACOBS JR.
2313 RAYBURN OFFICE BLDG
WASHINGTON, DC 20515

STATEMENT PERIOD
12/01/93 TO 12/31/93

ACCOUNT NUMBER
17-4728

TAXPAYER NUMBER
309-26-8562

INVESTMENT EXECUTIVE
KENYON R. BLOCHER
135 N. PENNSYLVANIA STREET
SUITE 2200
INDIANAPOLIS, IN 46204
(317) 634-4400
(800) 800-CITY (2489)

PREVIOUS STATEMENT
11/30/93

ASSET CHANGES SUMMARY

	11/30/93	12/31/93
ACCOUNT CASH	$0.00	$0.00
MONEY MARKET FUND	0.00	0.00
PRICED EQUITIES	0.00	0.00
PRICED FIXED INCOME	44,825.00	44,875.00
PORTFOLIO VALUE	$44,825.00	$44,875.00
MARGIN LOAN BALANCE	0.00	0.00
PORTFOLIO NET WORTH	$44,825.00	$44,875.00

PORTFOLIO INCOME SUMMARY

	12/01/93 TO 12/31/93	YEAR TO DATE
FEDERATED MONEY MKT FD	$0.00	$0.00
SECURITIES DIVIDENDS	0.00	0.00
CORPORATE BOND INTEREST	0.00	0.00
GOVERNMENT BOND INTEREST	0.00	0.00
MUNICIPAL BOND INTEREST	0.00	0.00
CAPITAL GAINS	0.00	0.00
TOTAL PORTFOLIO INCOME	$0.00	$0.00

MESSAGE CENTER

THE TAX EXEMPT FIRST TRUST ADVANTAGE - INDIANA #12 IS CURRENTLY AVAILABLE AS IS CITY SECURITIES GROWTH AND TREASURY #4. ASK YOUR ACCOUNT EXECUTIVE FOR FURTHER INFORMATION AND A PROSPECTUS.

YOUR PORTFOLIO

T	YOUR HOLDINGS - PRICED	QUANTITY	AS OF 12/31/93 MARKET PRICE	MARKET VALUE
1	INDIANA 4.75 HEALTH FAC FIN AUTH REV (FLOYD MEM) DUE 2-15-94 DTD 5-1-92 NC (454797HN-4)	20,000	99.500	$19,900.00
1	INDIANA ST 4.35 HLTH FAC FIN AUTH HOSP REV REF (WELBORN MEM) DUE 7-1-97 DTD 10-1-93 FIRST INT PMT 7-1-94 (BE) NC (454797SR-3)	10,000	100.500	10,050.00
1	MONTICELLO-UNION TWP IN 6.10 PUB LIBR LEASING CORP (BQ) DUE 1-15-94 DTD 12-15-90 NC (614575AB-4)	15,000	99.500	14,925.00
	FIXED INCOME TOTAL			$44,875.00
	CASH ACCOUNT	0.00		0.00
	CASH/EQUIVALENT TOTAL			$0.00
	TOTAL PORTFOLIO VALUE			$44,875.00

ACCOUNT ACTIVITY

T	DATE	ACTIVITY	DESCRIPTION	QUANTITY	PRICE	AMOUNT	MONEY MARKET BALANCE
1	12/01	OPENING BALANCE	CASH ACCOUNT TYPE 1			0.00	
1	12/31	CLOSING BALANCE	CASH ACCOUNT TYPE 1			0.00	

City Securities Corporation

135 N. PENNSYLVANIA STREET, SUITE 2200, INDIANAPOLIS, IN 46204

Nearly 70 solid years of complete investment banking service

ANDREW JACOBS JR.
2313 RAYBURN OFFICE BLDG
WASHINGTON DC 20515

STATEMENT PERIOD
11/28/92 TO 12/31/92

ACCOUNT NUMBER
17-4726

TAXPAYER NUMBER
309-26-8562

INVESTMENT EXECUTIVE
KENYON R. BLOCHER
135 N. PENNSYLVANIA STREET
SUITE 2200
INDIANAPOLIS, IN 46204
(317) 634-4400
(800) 800-CITY (2489)

PREVIOUS STATEMENT
11/27/92

ASSET CHANGES SUMMARY

	11/27/92	12/31/92
ACCOUNT CASH	$0.00	$0.00
MONEY MARKET FUND	0.00	0.00
PRICED EQUITIES	0.00	0.00
PRICED FIXED INCOME	45,725.00	45,701.00
PORTFOLIO VALUE	$45,725.00	$45,701.00
MARGIN LOAN BALANCE	0.00	0.00
PORTFOLIO NET WORTH	$45,725.00	$45,701.00

PORTFOLIO INCOME SUMMARY

	11/28/92 TO 12/31/92	YEAR TO DATE
FEDERATED MONEY MKT FD	$0.00	$0.00
SECURITIES DIVIDENDS	0.00	0.00
CORPORATE BOND INTEREST	0.00	0.00
GOVERNMENT BOND INTEREST	0.00	0.00
MUNICIPAL BOND INTEREST	0.00	1,060.00
CAPITAL GAINS	0.00	0.00
TOTAL PORTFOLIO INCOME	$0.00	$1,060.00

MESSAGE CENTER

FEDERAL TAX RATES ARE EXPECTED TO BE INCREASED IN 1993 - SOME SAY TO AS HIGH AS 36%. TALK TO YOUR ACCOUNT EXECUTIVE ON HOW TO COMBAT THE INEVITABLE!!
$10,000,000 WESTVIEW S.B.C. (LAGRANGE COUNTY); $10,000,000 SHELBYVILLE MIDDLE S.B.C.

YOUR PORTFOLIO

T	YOUR HOLDINGS - PRICED	QUANTITY	AS OF 12/31/92 MARKET PRICE	MARKET VALUE
1	INDIANA 4.75 HEALTH FAC FIN AUTH REV (FLOYD MEM) DUE 2-15-94 DTD 5-1-92 FIRST INT PMT 8-15-92 NC (454797HN-4)	20.000	101.000	$20,200.00
1	INDIANA ST UNIV 6.40 STUDENT FEE SERIES E (MBIA) DUE 10-1-93 DTD 5-1-90 FIRST INT PMT 10-1-90 NC (455112EB-4)	10.000	102.385	10,238.50
1	MONTICELLO-UNION TWP IN 6.10 PUB LIBR LEASING CORP (BQ) DUE 1-15-94 DTD 12-15-90 NC (614575AB-4)	15.000	101.750	15,262.50
	FIXED INCOME TOTAL			$45,701.00
	CASH ACCOUNT	0.00		0.00
	CASH/EQUIVALENT TOTAL			$0.00

City Securities Corporation

135 N. PENNSYLVANIA STREET, SUITE 2200, INDIANAPOLIS, IN 46204

Nearly 70 solid years of complete investment banking service

ANDREW JACOBS JR.

STATEMENT PERIOD
11/28/92 TO 12/31/92

INVESTMENT EXECUTIVE
KENYON R. BLOCHER

ACCOUNT NUMBER
17-4728

YOUR PORTFOLIO- CONTINUED

T	YOUR HOLDINGS - PRICED	AS OF 12/31/92 QUANTITY	MARKET PRICE	MARKET VALUE
	TOTAL PORTFOLIO VALUE			$45,701.00

ACCOUNT ACTIVITY

T	DATE	ACTIVITY	DESCRIPTION	QUANTITY	PRICE	AMOUNT	MONEY MARKET BALANCE
1	11/28	OPENING BALANCE	CASH ACCOUNT TYPE 1			0.00	
1	12/31	CLOSING BALANCE	CASH ACCOUNT TYPE 1			0.00	

City Securities Corporation

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WASHINGTON, DC 20515

STATEMENT PERIOD
12/01/93 TO 12/31/93

ACCOUNT NUMBER
17-4097

TAXPAYER NUMBER
309-26-8562

INVESTMENT EXECUTIVE
KENYON R. BLOCHER
135 N. PENNSYLVANIA STREET
SUITE 2200
INDIANAPOLIS, IN 46204
(317) 634-4400
(800) 800-CITY (2489)

PREVIOUS STATEMENT
11/30/93

ASSET CHANGES SUMMARY

	11/30/93	12/31/93
ACCOUNT CASH	$0.00	$45,108.75-
MONEY MARKET FUND	0.00	0.00
PRICED EQUITIES	0.00	0.00
PRICED FIXED INCOME	76,285.00	121,395.00
PORTFOLIO VALUE	$76,285.00	$76,286.25
MARGIN LOAN BALANCE	0.00	0.00
PORTFOLIO NET WORTH	$76,285.00	$76,286.25

PORTFOLIO INCOME SUMMARY

	12/01/93 TO 12/31/93	YEAR TO DATE
FEDERATED MONEY MKT FD	$0.00	$0.00
SECURITIES DIVIDENDS	0.00	0.00
CORPORATE BOND INTEREST	0.00	0.00
GOVERNMENT BOND INTEREST	0.00	0.00
MUNICIPAL BOND INTEREST	508.75	1,017.50
CAPITAL GAINS	0.00	0.00
TOTAL PORTFOLIO INCOME	$508.75	$1,017.50

MESSAGE CENTER

THE TAX EXEMPT FIRST TRUST ADVANTAGE - INDIANA #12 IS CURRENTLY AVAILABLE AS IS CITY SECURITIES GROWTH AND TREASURY #4. ASK YOUR ACCOUNT EXECUTIVE FOR FURTHER INFORMATION AND A PROSPECTUS.

YOUR PORTFOLIO

T	YOUR HOLDINGS - PRICED	QUANTITY	AS OF 12/31/93 MARKET PRICE	MARKET VALUE
1	FRANKLIN IN 4.25 CNNTY ELEM SBC REFD (BQ) DUE 1-1-94 DTD 3-1-92 FIRST INT PMT 7-1-92 NC (353577AZ-2)	10,000	99.500	$9,950.00
1	GAS CITY IN 4.625 SEW REV DUE 6-1-94 CALL (3671189A-5)	22,000	98.500	21,670.00
1	INDIANA 4.75 HEALTH FAC FIN AUTH REV (FLOYD MEM) DUE 2-15-94 DTD 5-1-92 NC (454797HM-4)	10,000	99.500	9,950.00
1	MUN-DEL IN 3.00 BLDG CORP 1ST MTG SER 1993 DUE 7-1-94 DTD 12-1-93 FIRST INT PMT 7-1-94 NC (625803BR-1)	45,000	100.000	45,000.00
1	NORTH LAWRENCE IN 4.50 MULTI SBC REFD DUE 1-1-94 DTD 2-1-92 FIRST INT PMT 7-1-92 NC (66042WAD-4)	35,000	99.500	34,825.00
	FIXED INCOME TOTAL			$121,395.00
	CASH ACCOUNT	0.00		45,108.75-
	CASH/EQUIVALENT TOTAL			$45,108.75-
	TOTAL PORTFOLIO VALUE			$76,286.25

City Securities Corporation

135 N. PENNSYLVANIA STREET, SUITE 2200, INDIANAPOLIS, IN 46204

Nearly 70 solid years of complete investment banking service

ANDREW JACOBS JR

STATEMENT PERIOD
12/01/93 TO 12/31/93

INVESTMENT EXECUTIVE
KENYON R. BLOCHER

ACCOUNT NUMBER
17-4097

ACCOUNT ACTIVITY

T	DATE	ACTIVITY	DESCRIPTION	QUANTITY	PRICE	AMOUNT	MONEY MARKET BALANCE
1	12/01	OPENING BALANCE	CASH ACCOUNT TYPE 1			0.00	
1	12/01	MUNICIPAL CPN INTEREST	GAS CITY IN 4.625 SEW REV DUE 6-1-94 CALL (3671189A-5) TAX-FREE PAYABLE 12/01/93	22.000		508.75	
1	12/03	CHECK PAID	DIVIDEND\INTEREST\PRINCIPAL CHECK			508.75-	
1	12/30	PURCHASED	MUN-DEL IN 3.00 BLDG CORP 1ST MTG SER 1993 DUE 7-1-94 DTD 12-1-93 FIRST INT PMT 7-1-94 MC (6258038R-1)	45.000	100.000	45,108.75-	
1	12/31	CLOSING BALANCE	CASH ACCOUNT TYPE 1			45,108.75-	

City Securities Corporation

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WASHINGTON DC 20515

STATEMENT PERIOD
11/28/92 TO 12/31/92

ACCOUNT NUMBER
17-4097

TAXPAYER NUMBER
309-26-8562

INVESTMENT EXECUTIVE
KENYON R. BLOCHER
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SUITE 2200
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(317) 634-4400
(800) 800-CITY (2489)

PREVIOUS STATEMENT
11/27/92

ASSET CHANGES SUMMARY

	11/27/92	12/31/92
ACCOUNT CASH	$0.00	$0.00
MONEY MARKET FUND	0.00	0.00
PRICED EQUITIES	0.00	0.00
PRICED FIXED INCOME	77,679.35	77,401.50
PORTFOLIO VALUE	$77,679.35	$77,401.50
MARGIN LOAN BALANCE	0.00	0.00
PORTFOLIO NET WORTH	$77,679.35	$77,401.50

PORTFOLIO INCOME SUMMARY

	11/28/92 TO 12/31/92	YEAR TO DATE
FEDERATED MONEY MKT FD	$0.00	$0.00
SECURITIES DIVIDENDS	0.00	0.00
CORPORATE BOND INTEREST	0.00	0.00
GOVERNMENT BOND INTEREST	0.00	0.00
MUNICIPAL BOND INTEREST	508.75	5,105.00
CAPITAL GAINS	0.00	0.00
TOTAL PORTFOLIO INCOME	$508.75	$5,105.00

MESSAGE CENTER

FEDERAL TAX RATES ARE EXPECTED TO BE INCREASED IN 1993 - SOME SAY TO AS HIGH AS 36%. TALK TO YOUR ACCOUNT EXECUTIVE ON HOW TO COMBAT THE INEVITABLE!!
$10,000,000 WESTVIEW S.B.C. (LAGRANGE COUNTY); $10,000,000 SHELBYVILLE MIDDLE S.B.C.

YOUR PORTFOLIO

T YOUR HOLDINGS - PRICED	QUANTITY	AS OF 12/31/92 MARKET PRICE	MARKET VALUE
1 FRANKLIN IN 4.25 CNNTY ELEM SBC REFD (BQ) DUE 1-1-94 DTD 3-1-92 FIRST INT PMT 7-1-92 NC (353577AZ-2)	10,000	101.265	$10,126.50
1 GAS CITY IN 4.625 SEW REV DUE 6-1-94 CALL (3671189A-5)	22,000	100.000	22,000.00
1 INDIANA 4.75 HEALTH FAC FIN AUTH REV (FLOYD MEM) DUE 2-15-94 DTD 5-1-92 FIRST INT PMT 8-15-92 NC (454797HN-4)	10,000	101.000	10,100.00
1 NORTH LAWRENCE IN 4.50 MULTI SBC REFD DUE 1-1-94 DTD 2-1-92 FIRST INT PMT 7-1-92 NC (66042MAD-4)	35,000	100.500	35,175.00
FIXED INCOME TOTAL			$77,401.50
CASH ACCOUNT	0.00		0.00

City Securities Corporation

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Nearly 70 solid years of complete investment banking service

ANDREW JACOBS JR

STATEMENT PERIOD
11/28/92 TO 12/31/92

INVESTMENT EXECUTIVE
KENYON R. BLOCHER

ACCOUNT NUMBER
17-4097

YOUR PORTFOLIO- CONTINUED

T	YOUR HOLDINGS - PRICED	QUANTITY	AS OF 12/31/92 MARKET PRICE	MARKET VALUE
	CASH/EQUIVALENT TOTAL			$0.00
	TOTAL PORTFOLIO VALUE			$77,401.50

ACCOUNT ACTIVITY

T	DATE	ACTIVITY	DESCRIPTION	QUANTITY	PRICE	AMOUNT	MONEY MARKET BALANCE
1	11/28	OPENING BALANCE	CASH ACCOUNT TYPE 1			0.00	
1	12/01	MUNICIPAL COUPON	GAS CITY IN 4.625 SEW REV DUE 6-1-94 CALL (3671189A-5) TAX-FREE COUPON INTEREST ON $22,000 BOND	22,000		508.75	
1	12/04	CHECK PAID	DIVIDEND\INTEREST\PRINCIPAL CHECK			508.75-	
1	12/31	CLOSING BALANCE	CASH ACCOUNT TYPE 1			0.00	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

94 MAY 23 [illegible]

William Jennings Jefferson
(Full Name)

428 Cannon Building
(Mailing Address)

Washington, D.C. 20515

MAY 23, 1994
MC
(Office Use Only)

9

Filer Status	[X] Member of the U.S. House of Representatives	State LA District 02	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) 05/16/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Grambling State University - Grambling, La.	Spouse Salary	NA
	Southern University - Baton Rouge, La.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Washington Tax Association	Speech	Nov. 9, 1993	$1,000.00
Wall Street Tax Association	Speech	May 3, 1993	1,500.00
National Association of Investment Companies	Speech	Oct. 25, 1993	1,000.00
Securities Industry Association	Speech	Oct. 19, 1993	2,000.00
Washington Tax Seminar Group	Speech	Sep. 23, 1993	1,000.00

This page may be copied if more space is required.

Name William Jennings Jefferson

Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Investment Property:																										
	Residential Rental Property 33 Units 2712 Loyola, N.O., La.						X					X											X				S
	Residential Rental Property Rte. 3 Box 26 Lake Providence, La.					X						X										X					NONE
	Farmland - 40 Acres Rte. 3 Box 26 Lake Providence, La.				X							X									X						NONE
	Farmland - 5 Acres Rte. 3 Box 26 Lake Providence, La.			X								X								X							NONE
	Jefferson, Bryan Jupiter, et al (shares in legal corporation)								X				X	X											X		NONE

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Jennings Jefferson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Jefferson for Mayor Campaign Committee Loan Receivable						X										X										
	Residential Rental Property 16 Units 1520-32 Kings Rd. NO, La.					X						X					X										S
	Residential Rental Property 12 Units 1415 Esplanade NO, La.				X							X					X										S
	Jefferson Interests Loan Receivable					X											X										

This page may be copied if more space is required.

Name William Jennings Jefferson | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Sale of Rental Property to Higginbotham Services, Inc.									X		
	2712 Loyola Ave., New Orleans, La.											
	1520-22 Kings Rd., New Orleans, La.											
	1415 Esplanade Ave., New Orleans, La.											

This page may be copied if more space is required.

Name William Jennings Jefferson | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Alaska Southern Mtg. Co. - Baton Rouge, La.	Mortgage on 2712 Loyola Ave.			X				
	Alaska Southern Mtg. Co. - Baton Rouge, La.	Mortgage on 1415 Esplanade Ave.			X				
	Alaska Southern Mtg. Co. - Baton Rouge, La.	Mortgage on 1520-32 Kings Rd.					X		
	First National Bank - Lake Providence, La.	Secured and Unsecured		X					
	First National Bank - New Orleans, La.	Secured	X						
	People's Bank & Trust Co., Chalmette, La.	Unsecured			X				
	Hibernia National Bank	Secured	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE DURING REPORTING PERIOD -- SEE 1990 DISCLOSURE FORM FOR PRIOR AGREEMENT	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:17

HAND DELIVERED

(Office Use Only)

Don Johnson
(Full Name)

226 Cannon Building
Washington, D.C. 20515
(Mailing Address)

202-225-4101

Filer Status	[X] Member of the U.S. House of Representatives	State Georgia District 10th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Don Johnson

DATE (Month/Day/Year) May 16, 1994

Name Don Johnson	Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Johnson + Green Attorneys at Law, Royston Georgia	Receivables remaining from 1992 billings + retirement agreement	$ 17,806
	Georgia State Senate	Salary thru 1-4-93	$ 48.81
	Franklin County Board of Education, Carnesville Georgia	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Don Johnson | Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Philip Morris, Washington, D.C.	Appearance	Feb. 24, 1993	$ 2,000

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Name Don Johnson | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Stock, Tri-County Bank, Royston, Ga.					X					X									X							
JT	IRA's, Tri-County Bank, Royston, Ga.				X								X							X							
	Cattle, Hart County, Georgia			X										X						X							
JT	Home + 125 acre farm, Hart County, Ga.							X									X										
	Office Building, 373 Church St., Royston, Ga.					X						X		X										X			S
	Office Equipment, Furnishings, Books				X																		X				S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Don Johnson

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	COMMODITY	EXCEPTED TRUST	OTHER (EXCEPTED TRUST)	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	IRA, Smith Barney Mutual Fund			X							X							NA								

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SCHEDULE IV — TRANSACTIONS

Name Don Johnson

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 and over
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Office Building, 373 Church Street, Royston Georgia		X		2-12-93			X				

This page may be copied if more space is required.

Name Don Johnson | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H [illegible]
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Tri-County Bank, Royston, Georgia	Mortgage on 373 Church St., Royston, Ga.		X					
	First National Bank, Elberton, Georgia	Loan secured by stock		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Royston Baptist Church, Royston, Georgia

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12-1-92	Filer + Michael Green	Retirement settlement from law practice

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 10: 19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(9)

Eddie Bernice Johnson

6305 Elder Grive Drive

Dallas, Texas 75232

(202) 225-8885

Filer Status	[XX] Member of the U.S. House of Representatives	State: TEXAS District: 30th	[ ] Officer or Employee
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eddie Bernice Johnson

DATE (Month/Day/Year): May 15, 1994

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Name	Eddie Bernice Johnson	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D C	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
N/A			

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Name Eddie Bernice Johnson

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] each asset held for investment or [illegible] of income with a fair market value [illegible] $1,000 at the end of the reporting year, [illegible] any other asset or source of income which [illegible] more than $200 in "unearned" income [illegible] year. For rental property or land, provide [illegible]. Provide full names of any mutual [illegible]. For an IRA or retirement plan that is self-[illegible], list the underlying assets worth more than [illegible]. For an IRA or retirement plan that is not [illegible], name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
	7514 - 7516 Olusta Drive Dallas, TX 75217 (Duplex)					X						X									X						
	Texas Federal Credit Union			X									X					X									
	Mutual of America (IRA)			X														X									
	2107 Lanark Ave., Dallas, TX 75203 (Single family house)				X							X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eddie Bernice Johnson

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
	N/A																										

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Name	Eddie Bernice Johnson	Page	6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Waterhouse Securities	X			11-01-93	X						

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Name Eddie Bernice Johnson | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000+
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Colonial Savings & Loan Management	7514 0 7516 Olusta Drive Dallas, TX 75217	X						
	Red Oak Bank Mortgage	2107 Lanark Avenue Dallas, TX 75203	X						
	Banc One Company	Demand Note and Settlement Appealing		X					
	Peoples Savings & Loan	Demand Note Dormant (Uncollectable)					X		
	Bank United	1122 Colorado Boulevard Austin, TX 78701							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Taiwan Government	Aug 15 - 21	Dallas - Los Angeles - Taiwan	Y	Y	None	None

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
01/08/93(Estimated)	State of Texas (Retirement/Pension)	Payments for Life.

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A For use by Members, officers, and employees

1994 MAY 16 PM 3:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Nancy Lee Johnson
(Full Name)

343 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone 202-225-4476

HAND DELIVERED (Where Required Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: CT Distrct: 6	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

PAGE 1 of 9

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Nancy L. Johnson

DATE (Month/Day/Year): 5/16/94

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Name	Nancy Lee Johnson	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Grove Hill Medical Center	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Nancy Lee Johnson

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Employee Benefit News	speech/videoconference	Sept 24, 1993	$2,000
Congressional Roundtable	speech	April 22, 1993	$2,000
Price Waterhouse	speech	March 29, 1993	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Assets and Unearned Income Source

[illegible] for investment or [illegible] fair market value [illegible] $1,000 at the end of the reporting year, [illegible] other asset or source of income which [illegible] more than $200 in "unearned" income during the year. For rental property or land, provide [illegible]. Provide full name of any mutual fund. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14-23.

BLOCK B — Value of Asset
at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income
If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income
For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT		Block B: A $1 – $1,000	C $15,001 – $50,000	E $100,001 – $250,000	G $500,001 – $1,000,000	Block C: DIVIDENDS	INTEREST	EXCEPTED TRUST	Block D: None	II $201 – $1,000	IV $2,501 – $5,000	VI $15,001 – $50,000	VIII $100,001 – $1,000,000	Block E: P, S, E
SP	Examples: Mack Corp. Stock		X			X								P
DC	123 Main St., Dover, Del.													
JT	1st Bank of Peoria, IL account													
	American Savings Bank (escrow acct)	X					X			X				
	American Savings Bank (IRA)		X				NA		NA					
	Bank of Western Mass. (chkg acct)		X				X				X			
	CT General Realty Investors		X				X			X				
	CT National Bank (IRA)		X				NA		NA					
	Fidelity Balanced Fund (IRA)		X				NA		NA					P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Lee Johnson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Fidelity CT Tax-Free High Yield				x								x								x						
	Fidelity Govt. Securities			x									x						x								
	Fidelity Growth & Income Port. (IRA)			x									NA				NA										
	Fidelity Spartan Ginnie Mae (IRA)			x									NA				NA										
	Fidelity Utilities Income Fund (IRA)				x								NA				NA										
	First City Bank (Chkg Acct)			x									x						x								
	First City Bank (stock)			x													x										
	Fleet Bank (IRA)			x									NA				NA										
	Fleet Bank (savings acct)		x										x					x									
	Gino's Associates (ltd prtnrshp)				x								x				x										
	Glaxo (stock)			x							x						x										
	ICC Harbin			x									x					x									
	Integrated Resources (ltd prtnrshp)			x										x			x										
	Internal Revenue Service	x											x							x							
	Janus Flexible Income Fund			x									x	x					x								P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Lee Johnson

Page 6 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Janus Twenty Fund			x									x	x				x									P
	Janus Venture Fund			x									x					x									
	Lindner Dividend Fund (IRA)			x									NA				NA										
	Mutual Shares Fund (IRA)			x									NA				NA										
	Nuveen Muni-Bond Fund				x						x			x						x							
	Nuveen Tax-Exempt Unit Trusts				x								x									x					
	Pension Fund (Grove Hill Med. Cntr)								x				NA				NA										
	Rental Property (785-7 Corbin Ave.) ~~New Britain, CT~~						x					x										x					
	Scudder International Fund (IRA)			x									NA				NA										P
	Stanley Works (stock)						x				x										x						
	Vanguard Extended Market Port. (IRA)			x									NA				NA										
	Wright Patman Federal Credit Union (chkg acct)			x									x						x								
	Paine Webber Global Fund	x											x				x										S

This page may be copied if more space is required.

Name Nancy Lee Johnson | Page 7 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Fidelity Balanced Fund (IRA rollover)	x			3/19/93	x						
	Janus Flexible Income Fund	x			2/23/93	x						
	Janus Twenty Fund	x			2/22/93	x						
	Paine Webber Global Fund		x		2/4/93	x						
	Scudder International Fund (IRA)	x			10/20/93	x						

This page may be copied if more space is required.

Name	Nancy Lee Johnson	Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	First City Bank of New Britain, CT	Mortgage on 785-7 Corbin Ave. New Britain, CT		x					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Far East Studies Institute (educational exchange program, included U.S. trade issues)	Feb 4-16	Wash, DC - Tokyo - Beijing - Hong Kong - Bangkok - Yangon - Singapore - WDC	Y	Y	Y - spouse	N
	American Medical Association (congressional seminar on health care reform issues)	Jan 28-30	Hartford, CT - Naples, FL - Hartford, CT	Y	Y	N	N
	Aspen Institute (international conference on Russia & The Ukraine)	Jan 9-14	New York - Montego Bay, Jamaica - New York	Y	Y	Y - spouse	N

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1904

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:33

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(4)

(Office Use Only)

Samuel Robert Johnson
(Full Name)

1030 Longworth House Office Building
(Mailing Address)

(202) 225-4201
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 3rd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Samuel R. Johnson	DATE (Month/Day/Year): 5/16/94

1905

Name Samuel Johnson

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	SRJ Designs, Inc.																										
	Book Royalties	X										royalties															
	3513 Shorecrest, Plano, Texas					X						X										X					
JT	Congressional Federal Credit Union (checking and savings accounts)				X								X					X									

For additional assets and unearned income, use next page.

Name	Samuel Johnson	Page 3 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Institute	Feb. 25-27	DC-Princeton, NJ-DC	Y	Y	Y	N

This page may be copied if more space is required.

Name	Samuel Johnson	Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	SRJ Designs, Inc.
Board Member	Dedman School at Southern Methodist University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 18 AM 10: 21
MC HAND DELIVERED (2)

Samuel Robert Johnson
1030 Longworth House Office Building
Washington, DC 20515 (202) 225-4201

Filer Status	[XX] Member of the U.S. House of Representatives	District: Texas 3rd	[ ] Employee
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sam Johnson

DATE (Month/Day/Year): 5/17/94

1909

Name Samuel R. Johnson

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
Examples:	123 Main St., Dover, Del							X				X										X					
Examples:	1st Bank of Peoria, IL accounts					X							X							X							
	Book Royalties	X									royalties									X							

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers and employees

1994 APR 15

Timothy Peter JOHNSON
2438 RAYBURN H.O.B.
WASH. D.C. 20515

202-225-2801

HAND DELIVERED (B)

Filer Status	[X] Member of the U.S. House of Representatives — District SD 00	[ ] [illegible]
Report Type	[X] Annual (May 15)	[ ] Amendment [ ] Termination — Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month, Day, Year): Apr. 15, 1994

1911

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Spouse - Fairfax Co. (VA) Public Schools, Springfield VA	Spouse - Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name: Tim P Johnson | 3-8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
The Connell Co Westfield N.J.	Speech	Ap 13 1993	$2,000.—

This page may be copied if more space is required.

Name Tim P Johnson | Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset									Block C: Type of Income						Block D: Amount of Income									Block E: Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	DC 123 Main St., Dover, Del.							X				X										X					
	JT 1st Bank of Peoria, IL accounts					X							X							X							
JT	102 N Plum Vernon JD					X						X										X					
"	716 E National "			X								X									X						
"	Household Bank Alex. VA.			X									X					X									
"	1st Union Nat Bank Alex. VA			X									X						X								
"	1st Nat Bank Vernon JD			X									X					X									
	Cong Fed Cr Union		X										X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tim P Johnson

Page 5 of 8

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS AND ROYALTIES	INTEREST	EXCEPTED TRUST	EXCEPTED INVESTMENT TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
JT INDIANA America Mex Va.			X								Y						X							
" Apple Fed CR. UNION "		Y									Y				Y									
" Pax World Fund		X									Y				Y									
" JANUS Fund		X									Y				Y									
" JANUS ENT Fund		Y									Y				X									A A
" 1st UNION Fund		X									Y				Y									

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1915

Name Tim P Johnson | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT.	Home Trust S&L Vermilion J.D.	Mtg. on 102 N Alum & 716 E. National Vermillion JD		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
— None —		

Use additional sheets if more space is required.

Name Tim Johnson | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Carnegie Found.	Feb 11-14	WASH DC - BOCA RATON, FLA. & Return to D.C.	Y	Y	Spouse	N
	The Connell Co.	Ap 13	Wash DC to Newark NJ & Return to DC.	N	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Bd Member	Univ. So. Dakota Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 26 PM 2:32
U.S. HOUSE OF REPRESENTATIVES
MC
HAND DELIVERED
(Office Use Only)
14

HARRY A. JOHNSTON, II
(Full Name)

204 CANNON HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, DC 20515

Daytime Telephone
202/225-3001

Filer Status	[X] Member of the U.S House of Representatives	State: Florida District: 19	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Harry A. Johnston II	DATE (Month/Day/Year): May 26, 1994

Name HARRY A. JOHNSTON	Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source		Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$9,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
PAGE HUFFY		ESCROW AGENT FEE	1,000.00
		(1981-1988)	

For payments to charity in lieu of honoraria, use Schedule II.

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Name HARRY A. JOHNSTON, II	Page of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (*i.e.*, speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

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Name HARRY A. JOHNSTON,II | Page of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for Income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	ALFIN COMMON		X								X						X										
	ALFIN 14.5%	X									X						X										
	AMERICAN EXPLORATION		X								X						X										
	AMERITECH			X							X								X								
	AT&T			X							X								X								
	BELL ATLANTIC			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HARRY A. JOHNSTON, II | Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	BELL ATLANTIC			X							X								X								
	BELL SOUTH			X							X								X								
	BLACKROCK N. AMERICAN				X						X										X						
	BROWNING FERRIS				X						X						X										
	CARLYLE R/E LTD., PT. XIV			X							X						X										
	DIAL CORPORATION				X						X								X								
	EDS/GM			X							X							X									
	EQUITABLE LIFE INS. CO. CASH VALUE				X						X						X										
	EXXON				X						X									X							
	FIDELITY FED. S&L PASSBOOK				X								X						X								
	FIDELITY SAVINGS BANK			X									X					X									
	FIDELITY FED. CD# 93865997			X									X						X								
	FIDELITY FED. CD# 93857499			X									X						X								
	FIRST AUSTRALIAN			X							X							X									
	FIDELITY FED. CD #93914549				X								X						X								

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HARRY A. JOHNSTON,II

Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	FIRST UNION (PREFERRED)				X								X						X								
	FPL						X				X											X					
	GE				X						X								X								
	GFC FINANCIAL				X						X							X									
	GM				X						X								X								
	GM/HUGHES		X								X							X									
	HALLWOOD ENERGY, PART L.P.		X								X						X										
	HUTTON SO. TIMBER I			X							X						X										
	H&Q LIFE SCIENCE			X							X						X										
	IMREG		X								X						X										
	JACKSONVILLE AIRPORT IMPROV.			X									X					X									
	JACKSONVILLE ELECTRIC AUTH.			X									X						X								
	J.C. PENNY				X						X								X								
	MASSACHUSETTS STATE HGS. AUTH.				X								X								X						
	MCKESSON				X						X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HARRY A. JOHNSTON, II

Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	NUEVO ENERGY COMPANY			X							X						X										
	NUVEEN FLORIDA					X					X										X						
	NYNEX CORP.			X							X								X								
	ORLANDO UTILITY			X									X						X								
	PACIFIC TELESIS			X							X							X									
	PHILIP MORRIS				X						X						X										
	PRUDENTIAL MONEY MARKET			X							X							X									
	RAMAPO		X								X						X										
	REAL EQUITY PARTNERS			X							X						X										
	REEBOK				X						X							X									
	SOUTHEAST PUBLIC SER. COMM.		X								X						X										
	SOUTHWEST BELL			X							X							X									
	SILVER SCREEN PART II			X							X								X								
	SILVER SCREEN PART III			X							X								X								
	SUNBANK (PERSONAL ACCOUNT)			X									X						X								

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HARRY A. JOHNSTON, II | Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	SUNBANK (CHECKING ACCOUNT)			X							X									X							
	TRANSAMERICA, INC. SHARES		X								X							X									
	U.S. WEST			X							X							X									
	VANGUARD INDEX					X					X										X						
	VAN KAMPEN MERRIT FLA., MUN.					X					X										X						
	VIACOM, INC. A			X							X							X									
	WMX TECH			X							X							X									
	WHEELABRATOR			X							X							X									
	W.P. CONG. FED. CREDIT UNION(CK)		X										X					X									
	W.P. CONG. FED. CREDIT UNION(SV)		X										X					X									
	WASTE MANAGEMENT			X							X							X									
	JONES, FOSTER, JOHNSTON & STUBBS PROFIT SHARING						X				NONE						X										
	5.3 ACRES LOXAHATCHEE RIVER RD. JUPITER, FL. GOV. LOT 4,26-40-42							X			NONE						X										
	VACANT LOTS, 1/2 OWNERSHIP: LOT 5, BLOCK 1, GREENVIEW				X						NONE						X										
	SHORES I OF WELLINGTON & SEC. 30, TWP, 42s, RIE (AG-52) OF ROYAL PALM BEACH, FL																										

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HARRY A. JOHNSTON, II

Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	13.5 ACRES IN HENRY CITY, GA 1/2 INTEREST							X			NONE							X									
	0.9 INT. IN FLAGLER BANK PARTNERSHIP II			X							NONE							X									
	TALIAFERRO CITY, GA., VACANT LOT, 1000 ACRES, 1/3 OWNERSHIP (TIMBER)						X							X					X								
	FIRST UNION (COMMON)							X			X											X					

Name HARRY A. JOHNSTON, II | Page of

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	FPL GROUP, INC.	X			4/14/92		X					
	FPL GROUP, INC.	X			10/16/92		X					
	H&Q LIFE SCIENCE, INC.	X			5/1/92		X					
	ALFIN COMMON (ISSUED BY REASON OF A CLASS ~~ACTION SUIT~~)			X								
	ALFIN 14.5% PREF.											
	CENTOCOR		X		9/10/93	X						
	DALLAS SEMICONDUCTOR		X		9/10/93	X						
	IBM	X			1/25/93		X					
	IBM		X		11/01/93		X					
	PHILIP MORRIS	X			10/25/93		X					
	REEBOK INTEL	X			08/20/93	X						

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Name	HARRY A. JOHNSTON, II	Page	of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability						
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or **a dependent child** from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE			

Use additional sheets if more space is required.

Name	HARRY A. JOHNSTON,II	Page	of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ASPEN INSTITUTE	3/2-4/10	WASH, DC - CAPETOWN, SO. AFRICA - MIAMI, FL	Y	Y	Y	N
	FOUNDATION FOR MIDDLE EAST PEACE AND ECONOMIC COOP.	5/31-6/7	WEST PALM BCH.-ALGERIA-MOROCCO-TUNISIA-EGYPT-ISRAEL-JORDAN-WASH.,DC	Y	Y	Y	N

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1930

Name HARRY A. JOHNSTON, II	Page of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD OF DIRECTOR	PINE JOG
TRUSTEE	CHASTAIN FOUNDATION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

RECEIVED
1994 MAY 26 PM 2:32
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HARRY JOHNSTON
CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-0919

May 26, 1994

HAND DELIVERED

Honorable Jim McDermott
Chairman
Committee on Standards
of Official Conduct
HT-2, The Capital
Washington, D.C. 20515

MC

Dear Mr. Chairman:

Please note the following points for clarification of my 1993 Financial Disclosure Statement:

- The cash value of my Equitable Life Insurance policy was omitted in error in last year's report.
- Flagler National Bank Corporation CD and Stock is now listed under Sun Bank by reason of a merger.
- Vanguard Index Fund was omitted, in error, last year.
- Waste Management Inc. is now WMX Tech (name change)
- The value of the Loxahatchee River property was reduced by reason of a substantial gift to my daughters.
- Hutton Advantage Property II became worthless during the calendar year.

Sincerely,

HARRY JOHNSTON, M.C.

HJ:dj

19TH DISTRICT FLORIDA
MAJORITY WHIP-AT-LARGE
CHIEF OF STAFF
SUZANNE STOLL
DISTRICT ADMINISTRATOR
DIANE BIRNBAUM

COMMITTEES
BUDGET
FOREIGN AFFAIRS
SUBCOMMITTEES
AFRICA, CHAIRMAN
INTERNATIONAL ECONOMIC
POLICY & TRADE
INTERNATIONAL OPERATIONS

WASHINGTON OFFICE
204 CANNON HOUSE
OFFICE BUILDING
WASHINGTON DC 20515-0919
202-225-3001

BROWARD COUNTY OFFICE
MARGATE CITY HALL
5790 MARGATE BOULEVARD
MARGATE, FL 33063
305-972-6454 X 378

PALM BEACH COUNTY OFFICE
1501 CORPORATE DRIVE
SUITE 250
BOYNTON BEACH, FL 33426
407-732-4000
305-428-4888

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:45

Paul E. Kanjorski

103 South Hanover Street

Nanticoke, PA 18634 202-225-6511

HAND DELIVERED

Filer Status	[X] Member of the House	PA 11	[ ]
Report Type	[X] Annual (May 15)	[ ] Amended	[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Paul E. Kanjorski DATE (Month, Day, Year) 5/13/94

1993

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Public Securities Assoc., Wash., DC	speech	4/30/93	$2000
Federal Nat'l Mortgage Assoc., Wash., DC	speech	6/22/93	$2000
Advanta Mortgage, Horsham, PA	speech	12/7/93	$1000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Paul E. Kanjorski

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL account					X							X							X							
	Mellon Bank, Wilkes-Barre, PA		X										X					X									
	Cong. Fed. Credit Union, DC			X									X					X									
	Law Office Movable Assets			X													X										
	Real property - 20+ acres, ½ interest, Dallas Twp., PA (Luzerne County)							X									X										
	Real property - 90+ acres, 1/5 interest, Wright Twp., PA (Luzerne County)							X									X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul E. Kanjorski

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	IRA Equitable Life			X													X										
JT	IRA Prudential Bache Securities Am. Capital Govt. Fund				X												X										
	1/10 interest in Father's estate				X												X										
	1/5 interest in Mother's estate				X												X										
	1/2 interest, 126 S. Franklin St., Wilkes-Barre, PA						X										X										
S	wife holds 1/4 interest in her mother's estate					X											X										

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Name Paul E. Kanjorski | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Hanover National Bank, Wilkes-Barre, PA	½ installment sales agreement mortgage on 126 S. Franklin St., Wilkes-Barre, PA		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name Paul E. Kanjorski | Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Public Securities Assoc.	4/30 - 5/2	Wash., DC - Greenbrier, W. Va. - Wash., DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees	Wilkes University, Wilkes-Barre, PA
Board of Delegates	Economic Development Council of Northeastern Pennsylvania

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

1939

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 13 PM 1:15
CLERK'S OFFICE
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC

9

Marcia (Marcy) C. Kaptur

234 Summit St., Room 719 (419)259-7500

Toledo, OH 43604

Filer Status	[x]	Ohio 9	[ ]
Report Type	[x]	[ ]	[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[x]	[ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[x]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[x]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[x]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[x]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[x]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Marcy (Marcia) C. Kaptur

DATE: 5/3/94

1940

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Congressional Quarterly Publishing	BOOK ADVANCE	$3,000 (entire amount transferred to research associate)

For payments to charity in lieu of honoraria, use Schedule II.

Name: Kaptur, Marcia (Marcy) | 3 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13, 14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
N / A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Standard Federal Bank			X									X							X							
	Little Flower Credit Union				X								X						X								
	Society Bank			X									X					X									
	Charter One Bank				X								X							X							
	U.S. Savings Bonds					X							X				X	**									
	Transamerica (IRA)				X								X				X	**									

For additional assets and unearned income, use next page.

** No cash received, income directed back to asset.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Kaptur, Marcia (Marcy)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	1854 Harlan Road, Toledo, OH 43615				x							x								xx		x					
																	x=gross income						xx=net income				
**	Congressional Federal Credit Union				x								x						x								

** Funds are accrued in this separate account from Congressional pay raise and returned to U.S. Treasury or distributed to charitable causes annually.

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Name Kaptur, Marcia (Marcy) | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	N / A											

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	N / A								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N / A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Council of Senior Citizens (travel for speech)	8/31/93-8/31/93	Toledo,OH-Indianapolis,IN Indianapolis,IN-Toledo,OH	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N / A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N / A	

Use additional sheets if more space is required

1948

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

23

John R. Kasich
(Full Name)

63 North West Street
Westerville, Ohio 43081
(Mailing Address)

614-469-7318
Daytime Telephone

MC
(Office Use Only)

7

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 12th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John R. Kasich

DATE (Month/Day/Year): May 12, 1994

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Name	John R. Kasich	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Price Waterhouse	Speech	September 6, 1993	$2,000.00
	Defense Budget Insider Seminar in Washington, D.C.		
Donations were given to:			
Riverside Methodist Hospitals Foundation			
Columbus, Ohio			
as follows:			
Karen Kaplan Drerup Fund: $1,000.00			
Kobacker House: $1,000.00			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John R. Kasich

Page 1 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction (P, S, E)
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	Examples: 123 Main St., Dover, Del.							X				X										X					
JT	Examples: 1st Bank of Peoria, IL accounts					X							X							X							
	BankOne, Columbus, Ohio			X									X					X									
	Wright Patman Credit Union, Wash.,DC			X									X					X									
	Wright Patman Credit Union, Wash.,DC			X									X					X									
	Northwestern Mutual Variable Annuity				X						X											X					
	Northwestern Mutual Variable Annuity			X							X								X								
	Northwestern Mutual Variable IRA				X						X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John R. Kasich

Income Source	BLOCK B Year-End Value of Asset							BLOCK C Type of Income					BLOCK D Amount of Income							BLOCK E Transaction
	A $1 – $1,000	B	C $15,001 – $50,000	D	E $100,001 – $250,000	F	G $500,001 – $1,000,000	H	DIVIDEND	INTEREST	RENT	ROYALTY/TRUST	None	II $201 – $1,000	III	IV $2,501 – $5,000	V	VI $15,001 – $50,000	VII	VIII $100,001 – $1,000,000	IX	P, S, E
Putnam U.S.Government Securities				x					x								x					
First Capital Insured			x						x							x						
Alliance Insured Account				x					x				x									
Washington Mutual Fund					x				x									x				
Medex Inc., Ohio			x						x					x								
VKM Prime Rate Trust				x					x					x								
J & R Partnership				x							x							x				

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SCHEDULE IV — TRANSACTIONS

Name John R. Kasich

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Northwestern Mutual Variable Annuity	x			Payments per month	x						
	Northwestern Mutual Variable Annuity	x			Payments per month	x						
	Northwestern Mutual IRA	x			Payments per month	x						
	VKM Prime Rate Trust	x			8-2-93		x					
	J & R Partnership	x			1-11-93		x					

This page may be copied if more space is required.

Name	John R. Kasich	Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Orchard Hill Church's Annual	Dec. 8 -	Columbus - Pittsburgh -	N	Y	N	Church paid airfare; Kasich paid hotel and personal expenses
Fall Fundraising Banquet	Dec. 9	Washington, D.C.				
Wexford, Pennsylvania						
1993 Congress of Tomorrow	Feb. 25 -	Washington, D.C. -	Y	Y	N	N
The Congressional Institute, Inc.	Feb. 27	Princeton - Washington, D.C.				
Princeton, N.J.						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Directors	Concord Counseling, Columbus, Ohio

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 PM 12: 30
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Joseph P. Kennedy II
(Full Name)

73 Bigelow Street
(Mailing Address)

Brighton, MA 02135

Daytime Telephone
(202) 225-5111

Filer Status	[X] Member of the U.S. House of Representatives	State Massachusetts District 8	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [X] No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/13/94

1956

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives, Washington, D.C.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

1957

Name Joseph P. Kennedy II

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Fleet Bank Accounts, Boston, MA			X									X					X									
	Merrill Lynch Retirement Reserves & Balanced Funds, Stamford, CT (IRA's)					X					X										X						P
	January 27, 1926 Trust, Joseph P. Kennedy grantor, FBO Robert F. Kennedy, NY, NY														X								X				
	August 31, 1959 Trust, Robert F. Kennedy grantor, FBO Joseph P. Kennedy II, NY, NY														X								X				
	August 31, 1959 Trust, Robert F. Kennedy grantor, FBO David A. Kennedy, NY, NY														X					X							
	Joseph P. Kennedy II Blind Trust dated June 16, 1987, Washington, D.C.															X	X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph P. Kennedy II

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Angerman Gas Venture - 1981 (a ltd partnership holding oil and gas properties), Pittsburgh, PA			X*									Oil & Gas						X								
	L.F. Rothschild Venture Capital Fund (ltd partnership), Menlo Park, CA - Overall Value			X								Partnership Income						X									
	Assets of the ltd. partnership reflecting an .18% interest exceeding $1,000 include:																										
	- Cadre Technologies, Beaverton, OR			X									None				X										
	Interest in the estates of Robert F. Kennedy and David A. Kennedy, as yet undistributed					X							None				X										
	Beneficial interest in land trust whose sole asset is unimproved land in Marshfield, MA (land previously held for personal use)						X							X											X**		E, S
	Promissory Note - Diane Simon, Montecito, CA (balance due on sale of partial interest in land trust referred to in the immediately preceding item)						X						X				X										
	U.S. Treasury Department - Income Tax Refund												X							X							
SP	Congressional Federal Credit Union Bank Accounts, Washington, D.C.			X									X					X									

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* based on good faith estimate

** actual amount is $114,073

Name Joseph P. Kennedy II

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Merrill Lynch Retirement Reserve & Balanced Fund Monthly dividend reinvestment	X			Monthly during 1993	X						
	Transfer of unimproved land in Marshfield, MA to land trust			X	03/15/93					X		
	Sale of partial interest in Massachusetts land trust referred to in immediately preceding transaction		X		03/15/93				X			

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Armenian Assembly	Feb. 9 - 13	Boston - Armenia Armenia - Boston	Y	Y	N	N

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1961

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Honorary Chairman	Citizens Energy Corp.
Honorary Chairman	National Children's Day Foundation, Inc.
Chairman, Vice President	The Canadian Robert F. Kennedy Memorial
Member, Board of Directors	The Flax Trust - America
Limited Partner (Transferee)	Angerman Gas Venture - 1981
Limited Partner (Transferee)	L.F. Rothschild Venture Capital Fund

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

1962

Joseph P. Kennedy II
1993 Financial Disclosure Statement

ADDITIONAL INFORMATION

Direct and beneficial interests of my children have not been reported herein since neither of them lives with me or is my dependent within the meaning of Sec. 152 of the Internal Revenue Code.

In addition to the beneficial interests in the excepted trusts and qualified blind trust disclosed above, I have beneficial interests in the excepted trusts listed below. No income was received from these trusts during 1993.

Trust under the will of George Skakel
Trust under the will of Ann Skakel

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:43

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (6)

MC (Office Use Only)

Barbara Bailey Kennelly (Full Name)

95 Scarborough Street (Mailing Address)

Hartford, Connecticut 06105

Daytime Telephone (203) 523-1116

Filer Status	[X] Member of the U.S. House of Representatives	State Connecticut District 1	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who flies more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Barbara B. Kennelly

DATE (Month/Day/Year) May 16, 1994

1964

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Rome, Frankel & Klebanoff, P.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

1965

Name	Barbara Bailey Kennelly	Page 3 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
National Association of Life Underwriters Washington, D.C.	Speech	March 3, 1993	$2,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Barbara Bailey Kennelly

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
	John Moran, Incorporated (Beachhouse) 144 Middle Beach Rd., Madison, CT						X										X										
	South Street Associates (3 1/3% Share)																										
S	502 South Street, Bristol, CT			X													X										
	RCK&K Realty (22% Share)																										
S	693 Bloomfield Ave., Bloomfield, CT		X														X										
S	RCK&K, P.C., Pension Plan					X					X		X											X			

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
S	Union Trust Bank of Bloomfield, CT	Personal Loan	X						
S	First Bank of West Hartford, CT	Personal Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

1968

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Women's Legal Defense Fund (Conference)	January 29-30	Hartford, CT-St. Simons Isl., GA-Hartford, CT	N	Y	N	N
	Economic Strategy Institute (Fact-finding)	April 15-17	Washington, DC-Tuscan, AZ -Nogales, Mexico-Tuscan, AZ -Washington, DC	Y	Y	N	N
	Corning, Inc./Cong. Houghton (Conference)	November 5-7	Washington, DC-Augusta, GA-Washington, DC	Y	Y	N	N

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1969

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 1:55

HAND DELIVERED

(Office Use Only)

DALE EDWARD KILDEE
(Full Name)

1434 JANE AVENUE
(Mailing Address)

FLINT, MI 48506

Daytime Telephone: 202/225-3611

Filer Status	[X] Member of the U.S. House of Representatives	State Michigan District 9th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) May 16, 1994

1970

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	WEICHERT, REALTORS	SPOUSE COMMISSION	NA

For payments to charity in lieu of honoraria, use Schedule II.

1971

Name	DALE EDWARD KILDEE	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500

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Name DALE EDWARD KILDEE | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	FIRST UNION BANK OF VIRGINIA			X									X					X									
JT	CONGRESSIONAL FEDERAL CREDIT UNION			X									X					X									
	IRA CONGRESSIONAL FEDERAL CREDIT UNION			X									NA				NA										
SP	IRA CONGRESSIONAL FEDERAL CREDIT UNION			X									NA				NA										
SP	SEP FIRST UNION BANK			X									NA				NA										
	MICHIGAN LEGISLATIVE RETIREMENT *						X						NA				NA										

For additional assets and unearned income, use next page.

* (VESTED - NOT RECEIVING)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DALE EDWARD KILDEE

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
DC	U.S. SAVINGS BONDS	X											X							X							S
DC	CERTIFICATE OF DEPOSIT - FIRST UNION BANK OF VA			X									NA				X										P

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1974

SCHEDULE IV — TRANSACTIONS

Name DALE EDWARD KILDEE

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
DC	U.S. SAVINGS BONDS		X		12-24-93	X						
DC	CERTIFICATE OF DEPOSIT - FIRST UNION BANK OF VIRGINIA	X			12-24-93	X						

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1975

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
SP	CITIZENS COMMERCIAL & SAVINGS BANK of Flint, Michigan	Co-Signature, Commercial Loan Congressman Kildee Committee		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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1977

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-1-77	State of Michigan and Self	Life and Health Insurance

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

1978

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF REGISTRY
1994 MAY 16 AM 11:08
OFFICIAL USE ONLY
HAND DELIVERED
mc
(9)

JAY C. KIM
2219 RUSTY PUMP ROAD
DIAMOND BAR, CALIFORNIA 91765
202-225-3201

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 41st	[ ] Officer or Employee	Legislative Officer
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — Jay C. Kim

DATE (Month/Day/Year) 5/13/94

1979

Name	JAY KIM	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	J & J, Diamond Bar, CA	Spouses Salary ~~Management Fee~~	$1,400

For payments to charity in lieu of honoraria, use Schedule II.

1980

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JAY KIM

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples:	SP	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
			Mega Corp. Stock				X						X								X								P
			123 Main St., Dover, Del.							X				X										X					
			1st Bank of Peoria, IL accounts					X							X							X							
JT	Rental Property		8865 Balboa Ave San Diego, CA							X				X										X					
JT	Rental Property		750 State St. San Diego, Ca						X					X								X							
JT	Rental Property		2891 Canyon Crest #56 Riverside CA					X						X					X										
JT	Rental Property		1091 Pinehurst Palm Desert				X							X					X										
	OMNI I Partnership		1300 S. Valley Vista Drive									X		X															

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAY KIM

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Dean Witter Reynolds (Sears Liquid Asset/IRA)			X									N/A				X										
	Union Bank (Savings Account)			X									X						X								
	Bank of America (Savings Account)			X									X						X								
	Jay Kim Engineers (Profit Share)					X							N/A				X										
	JAYKIM ENgineers	X											N/A	(Capital Gain--Installment for Sale of Company)													
	Wyatt-JAYKIM Engineers	X												(Capital Gain--Installment)													
	Jay Kim for Congress Committee						X						N/A				X										
	Great Western F.S.B. Investment IRA Account				X								N/A						X								

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1983

SCHEDULE IV — TRANSACTIONS

Name JAY KIM

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Rental Property located at 2891 Canyon Crest in Riverside, CA		X		12-30-93			X				

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1984

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	The Money Store, Sacramento, Ca	Mortgage - 8865 S. Balboa Dr. San Diego, Ca				X			
JT	Coast Federal Bank, Burbank, CA	Mortgage - 750 State St. San Diego, CA			X				
JT	National Bank, Dallas, Texas	Mortgage - 2891 Canyon Crest Riverside, CA		X	(Sold 12/30/93)				
JT	Bank of California	Mortgage - 1300 S. Valley Vista Diamond Bar, CA							X
JT	Jerry Yhee	Personal Loan		X					
JT	Robert Yu	Personal Loan		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

1985

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Houston Korean Festival Timothy Seo	July 24-25	Wash D.C.-Housaton-D.C	Y	Y	N	N
	Seton Hall University	April 16 17	Wash D.C.-Newark-D.C.	Y	Y	N	N

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1986

Name	JAY KIM	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	JAYKIM Engineers (First 3 months--Sold on April 1, 1993)
President	Wyatt-JAYKIM Engineers (First 6 month--Sold middle of year)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

JAY KIM
41st District, California

COMMITTEE ON PUBLIC WORKS AND TRANSPORTATION
SUBCOMMITTEES
AVIATION
SURFACE TRANSPORTATION
ECONOMIC DEVELOPMENT

COMMITTEE ON SMALL BUSINESS
SUBCOMMITTEE
REGULATORY BUSINESS OPPORTUNITIES AND TECHNOLOGY

INSIDE MAIL

Congress of the United States
House of Representatives

502 CANNON BUILDING
WASHINGTON DC 20515-0540
202-225-3201

1131 WEST 6TH STREET
SUITE 160A
ONTARIO CA 91762
909-988-1055

18200 YORBA LINDA BLVD
SUITE 203A
YORBA LINDA CA 92686
714-572-8574

RECEIVED
OFFICE OF INTEGRITY AND ETHICS
1994 MAY 20 PM 4:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1

MC

May 19, 1994

Mr. Charles J. Willoughby
Committee on Standards of
Official Conduct
HT-2 The Capitol
Washington, D. C. 20515

Dear Mr. Willoughby:

Please be advised that due to an oversight, some information was left off of my financial disclosure statement which was filed in your office on May 16, 1994.

Page 4 -- The OMNI I Partnership should reflect an income in the 5th column reflecting the range of $5,001 - $15,000.

Page -- The payment from the sale of JAYKIM Engineers and Wyatt-JAYKIM Engineers should reflect the following income amounts:

JAYKIM Engineers -- $50,000 - $100,000
Wyatt-JAYKIM -------$15,000 - $50,000

Thank you.

Sincerely,

Jay Kim

JAY KIM
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 PM 2:18
HAND DELIVERED

PETER THOMAS KING
1442 Roth Road
Seaford, New York 11783
(202) 225-7896

Filer Status	[X] Member of Congress	New York 3rd	[ ]
Report Type	[X] Annual (May 15)	[ ] Amended	[ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Peter T. King

DATE (Month Day Year): May 3, 1994

1989

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	County of Nassau, Mineola, New York	Salary	$397
	Mr. Beauty Equipment Ltd, Freeport, New York	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

1990

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Long Island Catholic	Article	May 12, 1993	$60

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1991

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples:	SP	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP			Mega Corp. Stock				X						X								X								P
DC			123 Main St., Dover, Del.							X				X															
JT			1st Bank of Peoria, IL accounts					X							X							X							
JT			Chemical Bank, Seaford, NY			X									X					X									

For additional assets and unearned income, use next page.

1992

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Institute	Feb 25-27	D.C. - Princeton, NJ	Y	Y	Y	N
	Congressional Human Rights Foundation	Apr 7-14	New York, NY to Croatia, Bosnia, Dubrovnik, NY, NY	Y	Y	N	N
	United Parcel Service	Jul 11-12	New York City-Buffalo-NYC	Y	Y	N	N
	America-Israeli Education Foundation	Aug 23-30	NYC - Israel - NYC	Y	Y	Y	N

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1993

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:22

HAND DELIVERED

JOHN HEDDENS KINGSTON
(Full Name)

29 ISLAND DRIVE
(Mailing Address)

SAVANNAH, GA 31406 912/352-1844

Filer Status	[XX] Member of the U.S. House of Representatives	State Georgia District First	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 16, 1994

1994

Name	Page 2 of 7
JOHN HEDDENS KINGSTON	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U. S. Government	Salary	$121,724.38

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Palmer & Cay/Carswell Stock								X		X								X								
	NationsBank			X									X						X								
S	Courtland Reserves Money Markey			X									X	X					X								
	Savannah Foods & Ind. Stock			X							X								X								
	D & H Impact Marketing Stock			X									X						X								
	Wachovia Checking Account			X									X						X								

For additional assets and unearned income, use next page.

1996

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN HEDDENS KINGSTON

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Merrill Lynch Money Market-Sav'h Acct			X									X						X								
	Harkin Oil & Gas Stock		X														X										
	111 Jacqueline Dr/Savannah, GA					X						X										X					
	5 Island Drive/Savannah, GA					X						X										X					
	8424 Ferguson Ave/Savannah, GA				X												X										
	108 18th St/Tybee Island, GA					X						X							X								
	American Capital Venture IRA				X								X					N	/	A							
	American Capital Venture IRA				X								X					N	/	A							
	Palmer & Cay/Carswell Stock Bonus Employee						X						X				X		X								
	Roswell, GA G/O Dtd 6/1/88				X								X						X								
	Gwinnett County GA School District				X								X						X								
DC	Putnam Municipal Stocks			X									X						X								
DC	Cats Series S Zero Coupon Gov;t Bond Corporate Bonds			X									X				X		X								
DC	Strips - TINT Government Securities			X									X				X		X								
DC	Stock Fund Europe Fund, Inc. Merrill Lynch			X							X								X								

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1997

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN HEDDENS KINGSTON

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	CATS Zero Coupon Bonds (M. Lynch)			X									X				X		X								
	Global Income Fund-Bond (M. Lynch)			X									X				X		X								
	CATS - Series A Coupon (I. Johnson)				X								X				X		X								
DC	GA Development Authority Municipal Bond/Marietta, GA			X									X						X								
	STRIPS Zero Coupon Gov. Bonds			X									X				X										
	CATS Zero Coupon Bond			X									X				X		X								
	TIGER Coupon Bond			X									X				X		X								
	Stock Mutual Fund Franklin Custodian Utility (M. Lynch)			X							X								X								
	CATS Zero Coupon Bonds			X									X				X										
	State of GA Retirement Plan			X													X										

This page may be copied if more space is required.

1998

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Marzee Cunningham/Arizona	Mortgage 108 18th St., Tybee Is.,GA		X					
	Newman Hall, Tennessee	Mortgage 111 Jacqueline Dr./Sav,GA		X					
	Estate of Isadora Roundtree, GA	Mortgage 8424 Ferguson Ave/Sav,GA	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director & VP/Commercial Ins.	Palmer & Cay/Carswell of GA., Inc.
Director & VP Commercial Ins.	Palmer & Cay/Carswell, Inc.
State Representative	Georgia General Assembly H.D. #125

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1/5/93	J. Kingston & State of Georgia	Health Care Plan

GPO 1994 75-684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 18 AM 10:15

HAND DELIVERED
(Office Use Only)

1

JOHN HEDDENS KINGSTON
(Full Name)

29 ISLAND DRIVE
(Mailing Address)

SAVANNAH, GA 31406

Daytime Telephone: 912/352-1844

[redacted]

Filer Status	[XX] Member of the U.S. House of Representatives	State Georgia District First	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No	Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X		Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X		Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month/Day/Year): May 18, 1994

2001

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 APR 29 PM 10 32

Congressman Gerald D. Kleczka
3268 South 9th Street
Milwaukee, WI 53215
414-297-1140

MC

6

Filer Status	[X] Member of the U.S. House of Representatives — State: WI, District: 04	[ ] Officer or Employee — Department, Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Gerald D. Kleczka

DATE (Month/Day/Year): 4-25-94

2002

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	George Washington University Health Plan	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

2003

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] each asset held for investment or [illegible] income with a fair market value [illegible] $1,000 at the end of the reporting year, [illegible] other asset or source of income which [illegible] more than $200 in "unearned" income [illegible] year. For rental property or land, provide [illegible]. Provide full names of any mutual [illegible] or an IRA or retirement plan that is self-[illegible] the underlying assets worth more than [illegible] an IRA or retirement plan that is not [illegible], name the institution holding the [illegible]

[illegible] Your personal residence(s) (unless there is [illegible] income); any debt owed to you by your [illegible] or by your or your spouse's child, parent, [illegible]; any deposits totalling $5,000 or less in [illegible] savings accounts; any financial interests in [illegible] derived from U.S. Government retirement [illegible].

[illegible] you so choose, you may indicate that an asset or [illegible] source is that of your spouse (SP) or [illegible] child (DC) or is jointly held (JT), in the [illegible] column on the far left.

[illegible] further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset — None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: Type of Income — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: Amount of Income — None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X															
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	3262 S 9th St, Milwaukee, WI																										
	Rental Property					X						X										X					
JT	Security Bank, Milwaukee, WI		X										X						X								
SP	Cong Fed Credit Union, Wash,DC			X									X					X									
	Cong Fed Credit Union, Wash,DC			X									X					X									
JT	Lincoln Savings Bank, Milw, WI			X									X					X									

For additional assets and unearned income, use next page.

2004

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Gerald D. Kleczka

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	WI Retirement System				X									N/A							N/A						
SP	Krupp Insd Plus L.P. IRA			X							X									X						
SP	Income Fund of America, IRA			X							X							X								
	T Rowe Price Science Tech IRA				X						X			X							X					P
	Fidelity Emerge Mkts				X						X							X								P
	Kaufman Fund, Inc				X									X					X							P
	Gabelli Asset FUnd				X						X			X					X							P
	Scudder Int'l Bond				X						X			X					X							P
	Vanguard Gp Utilities				X						X			X					X							P
SP	TIAA CREF Retire Acct				X									N/A							N/A						
	Security Cap Corp Stock					X																					P
	The AMERICA FUNDS																										
	Income Fund of America				X						X								X								S
	Investment Co Of America				X						X			X					X								S
	AIM Equity Funds IRA				X												X										S

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2005.

SCHEDULE IV — TRANSACTIONS

Name Gerald D. Kleczka

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	T Rowe Price Science Tech IRA	X			7/30/93		X					
	Fidelity Emerge Mkts	X			11/18/93		X					
	Kaufman Fund, Inc	X			2/16/93	X						
	Kaufman Fund, Inc	X			4/1/93	X						
	Gabelli Asset Fund	X			7/9/93	X						
	Scudder Int'l Bond	X			11/18/93		X					
	Vanguard Gp Utilities	X			7/2/93	X						
	Security Cap Corp Stock	X			12/15/93			X				
	Income Fund of America		X		11/8/93		X					
	Investment Co of America		X		11/8/93		X					
	AIM Equity Funds, IRA		X		7/15/93		X					

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2006

Name Gerald D. Kleczka | Page 6 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Lincoln Savings Bank, Milwaukee WI	Mortgage on 3262 S 9th St							
		Milwaukee, WI		X					
	Bank One Milwaukee, WI	Personal Loan		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

2007

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 PM 2:27
US HOUSE OF REPRESENTATIVES
HAND DELIVERED

HERBERT C. KLEIN
34 Lenox Ave., Clifton, New Jersey 07012
201-471-0028
202-225-5751

Filer Status	[X] Member of the U.S. House of Representatives — State: NJ District: 8	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15) [ ] Amendment	[ ] Termination — Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Herbert C. Klein

DATE (Month/Day/Year) May 14, 1994

2008

Name	HERBERT C. KLEIN	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Klein Chapman - Deferred payments for work done prior to Congressional service (Includes Member's share of capital gain reported by Klein Chapman on Income Tax Return	Deferred payments	$278,753.
	H & R Block	Spouse salary	$ 6,564.
	Apex Associates	Spouse fee	$ 1,757.

For payments to charity in lieu of honoraria, use Schedule II.

2009

Name	HERBERT C. KLEIN	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None			

This page may be copied if more space is required.

Name: HERBERT C. KLEIN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Valley National Bank(Ck.acct)							X									X										
JT	Valley National Bank (MMA)				X								X							X							
SP	Valley National Bank (MMA)						X						X							X							
	Due from Klein for Congress								X								X										
SP	Alina Associates				X						X	X	X	X								X					
	Alina Associates				X						X	X	X	X								X					

For additional assets and unearned income, use next page.

2011

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT C. KLEIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $50,000	C $50,001 – $100,000	D $100,001 – $250,000	E $250,001 – $500,000	F $500,001 – $1,000,000	G $1,000,001 – $5,000,000	H	BLOCK C Type of Income: SOURCE	INTEREST	DIVIDEND	RENT	TRUST	TRUST	BLOCK D Amount of Income: I	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX	BLOCK E Transaction: P, S, E
SP	Willet Associates			X							X	X							X						
	Willet Associates			X							X	X							X						
	Chicago CAlumet Skyway Bond		X									X					X								
	Klein Chapman Partnership(See Schedule I																								
	NJ EDA Hackensack Water Bond		X									X					X								
	Transmedia com stock		X												X										
	Guardian Life Ins. Policy		X									X					X								
	Oppenheimer Target Fund IRA				X					X			X					X							
SP	Citibank Accounts		X														X								
	Loan Receivable-David Rothman				X										X										
SP	Smith Barney Account -IRA		X													X									
SP	Ocean County Utility Auth. Bond		X									X					X								
	NVF Corp com stock		X							X						X									
SP	Security Indemnity Ins. Co.						X								X										
SP	Kay Holding Co.					X				X		X	X							X					

This page may be copied if more space is required.

2012

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT C. KLEIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A	B	C	D	E	F	G	H	BLOCK C Type of Income: DIVIDENDS	INTEREST	RENT	ROYALTIES	TRUST	BLOCK D Amount of Income: I	II	III	IV	V	VI	VII	VIII	IX	BLOCK E Transaction P, S, E
		$1,000	$2,500	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	Over $1,000,000				EXCEPTED TRUST		$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	Over $1,000,000		
	Kay Holding Co.					X				X		X	X						X					
	Indy Associates							X		Distribution										X				
	CFC Associates						X								X									
	Prospect East								X		X	X									X			
	Rockford Arms						X								X									
SP	Forest Hills Associates a/k/a G Town Partners						X				X	X	X						X					
	Forest Hills Associates a/k/a G Town Partners						X				X	X	X					X						
	One Calvert Company			X											X									
	Continental Bus Associates			X											X									
	Mercantile Associates						X				X	X						X						
	Clifton Passaic Management Co			X						X	X	X	X			X								
SP	Clifton Passaic Management Co			X						X	X	X	X			X								
	Ironwood Hills LP			X							X	X					X							
	Terra Rica Investors #1				X										X									
	North Drive Associates LP	X													X									

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2013

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT C. KLEIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	RENTS & ROYALTIES	EXCEPTED TRUST	NON-EXCEPTED TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Franklin - US Securities Fund			X						X							X								
SP	Pfizer common stock			X						X						X									
	Ogden Corp			X						X							X								
	Baroid Corp com stock			X						X						X									
	United Water REsources stock					X				X									X						
	Elilily Co stock				X					X							X								
	NL Industries			X											X										
	Kemper Growth Fund					X				X			X						X						
	UJB Financial Corp				X					X							X								
SP	Valley National Bancorp stock					X				X								X							
	Rockwell Internat'l com stock				X					X							X								
SP	Womens Investment Group			X						X		X	X				X								
SP	Skyline Associates				X						X	X							X						
	Skyline Associates				X						X	X							X						
SP	Boulevard Associates				X						X	X							X						

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2014

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT C. KLEIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 - $1,000	B [illegible]	C $15,001 - $50,000	D [illegible]	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H [illegible]	BLOCK C Type of Income: DIVIDENDS	INTEREST	[illegible]	[illegible] TRUST	[illegible]	BLOCK D Amount of Income: None	I [illegible]	II $201 - $1,000	III [illegible]	IV $2,501 - $5,000	V [illegible]	VI $15,001 - $50,000	VII [illegible]	VIII $100,001 - $1,000,000	IX [illegible]	BLOCK E Transaction: P, S, E
	Boulevard Associates				X						X	X							X						
	Jersey Investors Growth						X								X										
	Russ Lyon Realty (Phoenix land)					X									X										
	Colonial Village Associates				X										X										
	Belgrove Arms						X								X										
	Ben Geller Trustee				X											X									
	Haddonfield NJ Associates				X										X										
SP	Smith Barney Account			X												X									
	Masco Corp Stock				X					X							X								
	Valley National Bank Stock						X			X										X					
SP	Putnam NJ Tax Exempt Fund			X						X			X			X									
SP	H & R Block Stock				X					X								X							
SP	Ramapo Financial Debenture			X								X					X								
JT	Israel Bank of Agriculture Pfd		X							X						X									
	IMCERA Group			X						X							X								

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2015

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT C. KLEIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS	INTEREST	DEPOSITS	CAPITAL GAINS	TRUST INCOME	BLOCK D Amount of Income: I None	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	First Real Estate Invest Trust								X	X												X			
SP	First Real Estate Invest Trust					X				X										X					
SP	Avatar Holdings		X									X					X								
	New York Life Ins. Co-Policy		X													X									
JT	Condominium-Verona, N.J.					X					X										X				
	Atlas Corp		X													X									
SP	Merrill Lynch CBA Money Fund		X									X					X								
SP	High Yield Mgt Acct-Attached																								
JT	State of Israel Bonds			X								X						X							
SP	West N.Y, Municipal Bond			X								X							X						
SP	PaineWebber CASH FUND		X									X					X								
	EDO Common stock			X						X								X							
	Loan - George Philibosian					X						X								X					
	Congressional Federal Credit Union		X									X					X								

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2016

HIGH YIELD MANAGEMENT
SECURITIES, INC.
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

CONTACT YOUR ACCOUNT REP:
JEFFREY GOLDSTERN

JACQUELINE KLEIN
34 LENOX AVENUE
CLIFTON NJ 07012

For Questions Call
LOCAL 201-773-5648
NATIONWIDE 800-223-0504

Account Number 0PD-003549 SS/ID 135-24-5384 Page 1
RR Number 0000000141 000068870

STATEMENT PERIOD
NOV 27, 1993 THRU DEC 31, 1993

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	QUANTITY	SECURITY DESCRIPTION	SYMBOL	MARKET VALUE ON DEC 31 PER SHARE	TOTAL
MARGIN	1,000,000	FEDL HOME LN MTG COR SER 1503 CL 1503-PS 5.4125% 08/15/2016 8.60 -(1X1MO LIBOR) CUR FACE 1000000.00		11 1/4	112,500.00
MARGIN	250,000	FEDL HOME LN MTG CRP 1570 C ZERO CPN 8/15/2023 MULTICLASS PARTN CTF GTD CUR FACE 245980.83		86 1/2	212,773.42

ACCOUNT CARRIED WITH NATIONAL FINANCIAL SERVICES CORPORATION

Account Number 0PD-003549 SS/ID 135-24-5384 Page 3
RR Number 0000000141 000068870

STATEMENT PERIOD
NOV 27, 1993 THRU DEC 31, 1993

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	QUANTITY	SECURITY DESCRIPTION	SYMBOL	MARKET VALUE ON DEC 31 PER SHARE	TOTAL
MARGIN	230,000	FEDL HOME LN MTG CP SER 1584 CL 1584-S 12.725% 09/15/2023 MULTICLASS MTG PARTN CTFS GTD 0 DAY DELAY CUR FACE 227918.16		98 1/2	224,499.39
MARGIN	100,000	FEDL NATL MTG ASSN TR 1992-G 68 CL-E ZERO CPN 12/25/2022 GTD REMIC PASS THRU TAC P/O EFFECTIVE BAND 300-600 PSA CUR FACE 41672.31		96	40,005.42
MARGIN	1,000,000	FEDL NATL MTG ASSN REMIC 1993-46 CL-S VAR RTE 05/25/2022 GTD REMIC PASS THRU (-1XLIBOR1MO)+865BP CUR FACE 952801.27		11.624	110,753.62
MARGIN	450,000	FEDL NATL MTG ASSN TR 1993-100 CL K PRIN ONLY 06/25/2023 REMIC PASS THRU CTF GTD CUR FACE 159449.05		93	148,287.62
MARGIN	50,000	FEDL NATL MTG ASSN REMIC 1993-88 CL-SB FLTG RATE 06/25/2000 GTD REMIC PASS THRU CTFS 20.60-(3.17X1MO LIBOR) CUR FACE 47819.26		100	47,819.26
MARGIN	25,000	FEDL NATL MTG ASSN TR 1993-124 M ZERO CPN 10/25/2022 REMIC PASS THRU CTFS GTD CUR FACE 10240.20		94 1/2	9,676.99
MARGIN	350,000	FEDL NATL MTG ASSN TR 1993-152 CL K PRIN PMT 08/25/2023 REMIC PASS THRU CTF GTD CUR FACE 232217.87		92	213,640.44
MARGIN	250,000	FEDL NATL MTG ASSN TR 1993-201 CL SA VAR RATE 10/25/2023 REMIC PASS THRU CTFS GTD INVERSE FLTR 0 DAY DELAY CUR FACE 248441.04		93	231,050.17
MARGIN	225,000	FEDL NATL MTG ASSN TR 1993-237 CL H PRIN ONLY 11/25/2023 REMIC PASS THRU CTFS GTD CUR FACE 205083.18		88	180,473.18
CASH	7,000	FEDL NATL MTG ASSN TR 1993 -253 H PRIN ONLY 11/25/23 REMIC PASS		89	6,230.00

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT C. KLEIN

Page 7 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	RENTS AND ROYALTIES	EXCESSED TRUST	CAPITAL GAIN	BLOCK D Amount of Income: I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	The following are assets of the Krieger Family Trust. Reporting individual and spouse each have a 6¼% benefical interest in the Trust.																							
	City of New York-Muni Bonds			X							X						X							
	City of Orange- Muni Bonds		X								X					X								
	Trust Co. of N.J. -- C.D					X					X							X						
	Valley National Bank Account						X				X									X				
	Alina Associates-Partnership						X			Distribution										X				
	Willet Associates-Partnership						X			Distribution											X			
	Kay Holding Co.						X			X	X	X								X				
	Clifton-Passaic Mgt Co			X						Distribution						X								
	Loan - George Philibosian							X			X									X				

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2018

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT C. KLEIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	RENTS	ROYALTIES	EXCEPTED TRUST	NONEXCEPTED TRUST	BLOCK D Amount of Income: I None	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	The following are assets of the Benedict Krieger Family Trust. Reporting individual and spouse each hold a 6¼ % beneficial interest in Trust																								
	Eaton Enterprises								X							X									
	Lenox Associates					X										X									
	Apex Associates					X					X									X					
	Glen View Associates						X									X									
	~~Interboro Holding Co.~~		X													X									
	Skyline Associates								X		X	X										X			
	Boulevard Associates								X		X	X										X			
	Terra Rica Investors			X												X									
	Banponce common stock			X						X								X							
	Centex Telemanagement stock			X												X									
	Federal Nat'l Mort Assn Stock			X						X								X							
	Merck & Co common stock			X						X									X						
	Newscorp Cayman Islands stock			X						X									X						
	Toys R Us Common Stock			X						X						X									
	Trust Co. of N.J.. C.D.					X						X								X					

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2019

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT C. KLEIN

Page 9 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS, ROYALTIES, INTEREST	DEFERRED TRUST	EXCEPTED TRUST	BLOCK D Amount of Income: I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Upjohn - com. stock			X						X					X								
	Valley National Bank - CDs							X			X								X				
	Wachovia- com. stock			X						X						X							
	Walt Disney - com stock			X						X				X									
	Bank of New York - CD				X						X						X						
	NJ Highway Authority Bond				X						X						X						
	US Treasury Bills							X			X							X					
	Valley National Bank ck. acct					X					X					X							
	Loan - George Philibosian					X					X							X					
	Smith Barney Brokers Accts (3)	See Attached																					
	High Yield Management Account	See Attached																					
	Merrill Lynch Brokers ACcount	See Attached																					
	JB Hanauer Brokers Acct	See Attached																					

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2020

SMITH BARNEY SHEARSON
A PRIMERICA Company

BENEDICT KRIEGER FAMILY TRUST — Account number 233-00280-16 126

Portfolio details

This section shows the holdings in your account. It reflects values as of the close of business on 12/31/93.

Money funds

Description	No. of shares	Market value	Accrued dividends	Annualized Dividend Yield	Comment
SMITH BARNEY TAX FREE MONEY FD	417,820.96	$ 417,820.96		1.90%	
Total value of money funds		**$ 417,820.96**	**$ 0.00**		

Stocks

Common stocks	Exchange	No. of shares	Price	Yield	Anticipated Income (annualized)	Market value	Comment
AMERICAN TEL & TEL CO	NYSE	2,500	$ 52.50	2.514%	$ 3,300.00	$ 131,250.00	In cash account Symbol: T
ANHEUSER-BUSCH COMPANIES INC	NYSE	1,000	49.125	2.931	1,440.00	49,125.00	In cash account Symbol: BUD
WALT DISNEY COMPANY	NYSE	1,000	42.625	.586	250.00	42,625.00	In cash account Symbol: DIS
DUN & BRADSTREET CORP	NYSE	1,000	61.625	3.959	2,440.00	61,625.00	In cash account Symbol: DNB
K MART CORP	NYSE	2,000	21.50	4.465	1,920.00	43,000.00	In cash account Symbol: KM
MCDONALDS CORP	NYSE	1,000	57.00	.754	430.00	57,000.00	In cash account Symbol: MCD
NUVEEN INSD CALIF PREM INCOME MUN FD 2 INC	NYSE	3,300	13.50	5.688	2,534.40	44,550.00	In cash account Symbol: NCL
NUVEEN N J INVT QUALITY MUN FD INC	NYSE	4,600	16.625	5.846	4,471.20	76,475.00	In cash account Symbol: NQJ
PEPSICO INC-NORTH CAROLINA	NYSE	1,000	40.875	1.565	640.00	40,875.00	In cash account Symbol: PEP
SWISS HELVETIA FD INC	NYSE	3,300	22.75	.351	264.00	75,075.00	In cash account Symbol: SWZ
TRAVELERS CORP	NYSE	1,000	31.125	5.14	1,600.00	31,125.00	In cash account Symbol: TIC
Value of common stocks					**$ 19,289.60**	**$ 652,725.00**	

2021

SMITH BARNEY SHEARSON
AMERICAN EXPRESS

Stocks
continued

Preferred stocks	No. of shares	Price	Dividend rate	Anticipated income (annualized)	Market value	Comment
K MART CORP DEP REP 1/4 SHS PFD SER A	3,300	$ 44.50	$ 3.41	$ 11,253.00	$ 146,850.00	In cash account
KAUFMAN & BROAD HOME CORP DEPOSITARY SHARES SER B CV PFD	1,500	22.125	1.52	2,280.00	33,187.50	In cash account
Value of preferred stocks				**$ 13,533.00**	**$ 180,037.50**	
Total value of stocks				**$ 32,822.60**	**$ 832,762.50**	

Bonds

Some prices provided by outside pricing services may be inaccurate. They are provided only as a guide to determine portfolio value. For more specific values, please call your Financial Consultant. Call features shown indicate the next regularly scheduled call date and price. Your holdings may be subject to other redemption features including sinking funds or extraordinary calls.

Corporate bonds	Amount	Interest rate	Maturity date	Price	Anticipated income (annualized)	Market value	Comment
CHRYSLER CORP NOTES-REG DTD 7/15/1987	$ 50,000.00	9.60%	07/15/94	102.563	$ 4,800.00	$ 51,281.50	In cash account Exchange: NYSE
EASTMAN KODAK CO. NOTES REG DTD 1/15/1990	100,000.00	9.20	01/15/95	104.994	9,200.00	104,994.00	In cash account
FORD MOTOR CREDIT CORP NOTES BOOK ENTRY-DTD 1/15/1990	100,000.00	8.75	01/15/95	104.707	8,750.00	104,707.00	In cash account
PROCTOR & GAMBLE CO NOTES REG DTD 11/1/1992	50,000.00	5.20	11/01/95	101.158	2,600.00	50,579.00	In cash account
XEROX CORP NOTES-REG DTD 11/1/1989	50,000.00	8.75	11/01/95	107.597	4,375.00	53,798.50	In cash account
REVLON WORLDWIDE CORP SER B SR SECD DISC NTS-REG	165,000.00	0.00	03/15/98	51.00		84,150.00	In cash account Next call on 01/25/94 Call price $ 100.00
WAL MART STORES INC NOTES REG-DTD 10/1/1992	100,000.00	6.125	10/01/99	102.20	6,125.00	102,200.00	In cash account
TEXACO CAPITAL GTD NOTES REG DTD 12/15/1989	100,000.00	9.00	12/15/99	113.25	9,000.00	113,250.00	In cash account Exchange: NYSE
BROWING-FERRIS INDS INC CV S/D -REG DTD 8/27/1987	50,000.00	6.25	08/15/12	100.50	3,125.00	50,250.00	In cash account Exchange: NYSE Next call on 01/15/94 Call price $ 102.50

2022

SMITH BARNEY SHEARSON
A PRIMERICA Company

Bonds
continued

Corporate bonds	Amount	Interest rate	Maturity date	Price	Anticipated income (annualized)	Market value	Comment
TIME WARNER INC SUB DEBENTURE CONV BOOK ENTRY	$ 100,000.00	0.00%	12/17/12	33.50		$ 33,500.00	In cash account Exchange: AMEX Next call on 12/17/97 Call price $ 39.72
TIME WARNER INC CONV SUB DEB REG-DTD 4/1/1993	100,000.00	8.75	01/10/15	105.375	8,750.00	105,375.00	In cash account Int paid quarterly Exchange: NYSE Next call on 01/01/94 Call price $ 106.12
Value of corporate bonds	**$ 965,000.00**				**$ 56,725.00**	**$ 854,085.00**	

Municipal bonds	Amount	Interest rate	Maturity date	Price	Anticipated income (annualized)	Market value	Comment
NEW JERSEY TPK AU TPK REV REF SER A BOOK ENTRY DTD 8/1/91 F/C 1/1/92	$ 70,000.00	5.30%	01/01/95	102.06	$ 3,710.00	$ 71,442.00	In cash account
NEW JERSEY ST HSG&MTG FIN AGY REV HME MTG -A-MBIA INSD BK ENTRY DTD 5/1/88 CBLE	50,000.00	6.60	04/01/96	104.306	3,300.00	52,153.00	In cash account
GLOUCESTER CNTY N J IMPT AU GTD SOLID WASTE REV LANDFILL PROJ SER-91 ETM BK ENT DD3/1/9	25,000.00	6.00	10/15/97	108.534	1,500.00	27,133.50	In cash account
GLOUCESTER CNTY N J IMPT AU GTD SOLID WASTE REV LANDFILL PROJ SER 91 ETM BK ENT DD3/1/9	25,000.00	6.15	10/15/98	110.056	1,537.50	27,514.00	In cash account
PUERTO RICO COMWLTH GENL OBLIG RFDG SER A MBIA INSD BK ENTRY DTD 8/1/92 F/C 1/1/93	75,000.00	5.75	07/01/09	105.236	4,312.50	78,927.00	In cash account Next call on 07/01/02 Call price $ 101.50
MERCER CNTY N J IMPT AUTH RFDG CUST RCPTS JUSTICE COMPLEX RMKTD BK ENTRY DTD 7/1/91	100,000.00	6.05	01/01/10	99.986	6,050.00	99,986.00	In cash account Next call on 01/22/94 Call price $ 100.00
Value of municipal bonds	**$ 345,000.00**				**$ 20,410.00**	**$ 357,155.50**	
Total value of bonds	**$ 1,310,000.00**				**$ 77,135.00**	**$ 1,211,240.50**	

2023

SMITH BARNEY SHEARSON

JACQUELINE K. KLEIN TR — Account number 196-09059-15

Cash and money funds balance

	This period
Opening balance	$ 41,334.21
Interest credited	$ 4,082.50
Money funds earnings reinvested	109.58
Closing balance	$ 45,526.29

Portfolio details

This section shows the holdings in your account. It reflects values as of the close of business on 12/31/93.

Money funds

Description	No. of shares	Market value	Accrued dividends	Annualized Dividend Yield	Comment
SMITH BARNEY MONEY FUNDS INC CASH PORTFOLIO	7,820.08	$ 7,820.08		2.64%	
SMITH BARNEY TAX FREE MONEY FD	37,706.21	37,706.21		1.90	
Total value of money funds		$ 45,526.29	$ 0.00		

Bonds

Some prices provided by outside pricing services may be inaccurate. They are provided only as a guide to determine portfolio value. For more specific values, please call your Financial Consultant. Call features shown indicate the next regularly scheduled call date and price. Your holdings may be subject to other redemption features including sinking funds or extraordinary calls.

Municipal bonds	Amount	Interest rate	Maturity date	Price	Anticipated income (annualized)	Market value	Comment
CHULA VISTA CA MFHA EUCALYPTUS GROOVE PJ M/PUT 11/1/97 SURETY CONTL CAS REG DTD11/1/85 CBLE	$ 100,000.00	5.75%	11/01/07	103.123	$ 5,750.00	$ 103,123.00	In safekeeping 100,000 Next call on 01/22/94 Call price $ 103.00 Putable on 11/01/97 Put price $ 100.00
CALIFORNIA PLTN CTL FING AU PCR MOBIL OIL REFNG CORP REG DTD 11-15-77	120,000.00	5.40	11/15/07	100.193	6,480.00	120,231.60	In safekeeping 120,000 Next call on 01/22/94 Call price $ 100.00
SACRAMENTO CALIF MUD ELEC RV-F FULLY REG-ETM DTD 12/1/73	100,000.00	5.375	12/01/13	100.912	5,375.00	100,912.00	

SMITH BARNEY SHEARSON

JACQUELINE K. KLEIN TR — Account number 196-09059-15

Bonds continued

Municipal bonds	Amount	Interest rate	Maturity date	Price	Anticipated income (annualized)	Market value	Comment
CALIFORNIA ST VAR PURP BOOK ENTRY DTD 10/1/92 F/C 4/1/93	$ 100,000.00	6.00%	10/01/15	104.919	$ 6,000.00	$ 104,919.00	Next call on 10/01/02 Call price $ 102.00
NEW JERSEY HWY AUTH-GARDEN STATE PKWY-SR PKWY REV-REGD DTD 4/1/88 F/C 1/1/87-O.I.D.-	65,000.00	5.50	01/01/16	100.904	3,575.00	65,587.60	In safekeeping 65,000 Next call on 01/01/96 Call price $ 100.00
LOS ANGELES CALIF DWAP ELEC PLT REV CALLABLE	45,000.00	6.20	12/01/16	101.83	2,790.00	45,823.50	Next call on 06/01/94 Call price $ 101.50
Total value of bonds	$ 630,000.00				$ 39,970.00	$ 640,596.70	

Anticipated annual income

This value is a grand total of all the anticipated annual income amounts that are shown on the statement. The anticipated income from such products as Money Funds and Mortgage Backed Securities is not included.

SMITH BARNEY SHEARSON
A PRIMERICA Company

BENEDICT KRIEGER FAMILY TRUST — Account number 472-00649-16 007

Cash and money funds balance

	This period
Opening balance	**$ 121,320 44**
Securities bought and other subtractions	$ -167,375 00
Securities sold and other additions	82,609 73
Dividends credited	4,199 75
Money funds earnings reinvested	307.19
Closing balance	**$ 41,062 11**

Portfolio details

This section shows the holdings in your account. It reflects values as of the close of business on 12/31/93.

Money funds

Description	No of shares	Market value	Accrued dividends	Annualized Dividend Yield	Comment
SMITH BARNEY MONEY FUNDS INC CASH PORTFOLIO	41,062 11	$ 41,062 11		2 64%	
Total value of money funds		**$ 41,062 11**	**$ 0 00**		

Stocks

Common stocks	Exchange	No of shares	Price	Yield	Anticipated income (annualized)	Market value	Comment
BOEING CO	NYSE	1,000	$ 43 25	2 312%	$ 1,000 00	$ 43,250 00	Symbol: BA
BRISTOL MYERS SQUIBB CO	NYSE	250	58 25	5 012	730 00	14,562 50	Symbol: BMY
CHEMICAL BANKING CORP	NYSE	800	40 125	3 788	1,216 00	32,100 00	Symbol: CHL
CHEVRON CORP	NYSE	400	87.125	4 017	1,400 00	34,850 00	Symbol: CHV
CONS EDISON CO OF NEW YORK INC	NYSE	2,000	32 125	6 038	3,880 00	64,250 00	Symbol: ED
DANA CORP	NYSE	600	59 875	2 672	960 00	35,925 00	Symbol: DCN
EXXON CORP	NYSE	500	63 125	4 562	1,440 00	31,562 50	Symbol: XON
FIRST UNION CORP	NYSE	500	41 25	3 878	800 00	20,625 00	Symbol: FTU
GENERAL ELECTRIC CO	NYSE	400	104 875	2 746	1,152 00	41,950 00	Symbol: GE
*** IMPERIAL CHEMICAL INDS PLC ADR NEW	NYSE	800	47 25	6 22	2,351 20	37,800 00	Symbol: ICI

2025

SMITH BARNEY SHEARSON

BENEDICT KRIEGER FAMILY TRUST — **Account number 472-00649-16**

tocks

Common stocks	Exchange	No of shares	Price	Yield	Anticipated income (annualized)	Market value	Comment
LINCOLN NATIONAL CORP -IND-	NYSE	500	$ 43.50	3.77%	$ 820.00	$ 21,750.00	Symbol: LNC
MCI COMMUNICATIONS CORP	OTC	1,000	28.25	176	50.00	28,250.00	Symbol: MCIC
MERCK & CO INC	NYSE	1,200	34.375	3.258	1,344.00	41,250.00	Symbol: MRK
MINNESOTA MINING & MFG CO	NYSE	200	108.75	3.052	664.00	21,750.00	Symbol: MMM
PACIFIC TELESIS GROUP	NYSE	700	54.25	4.018	1,526.00	37,975.00	Symbol: PAC
PANHANDLE EASTERN CORP	NYSE	1,000	23.75	3.368	800.00	23,750.00	Symbol: PEL
ROCHESTER TELEPHONE CORP	NYSE	1,000	45.125	3.59	1,620.00	45,125.00	Symbol: RTC
SEARS ROEBUCK & CO	NYSE	900	52.875	3.026	1,440.00	47,587.50	Symbol: S
TRW INC	NYSE	500	69.25	2.714	1880.00	34,625.00	Symbol: TRW
TEXACO INC	NYSE	500	64.75	4.942	1,600.00	32,375.00	Symbol: TX
WEYERHAEUSER CO	NYSE	800	44.625	2.689	980.00	35,700.00	Symbol: WY
Value of common stocks					**$ 26,893.20**	**$ 727,012.50**	

Preferred stocks	No of shares	Price	Dividend rate	Anticipated income (annualized)	Market value	Comment
CITICORP DEP SHS REP 1/10 INT -N a 08% PFD STK SER 14	2,000	$ 27.375	$ 2.27	$ 4,540.00	$ 54,750.00	
HOUSEHOLD INTL INC CUM SR 89 A PFD 9.50% DEPOSITORY SHARE FIRST CALL 11/8/94 @ 26.1875	1,000	27.00	2.375	2,375.00	27,000.00	
JAMES RIVER CORP VA $3.375 CV PFD SER K	1,000	44.00	3.375	3,375.00	44,000.00	
MCDONALDS CORP DEPOSITORY SHRS REP 1/2000 PFD 7.72% SER E	2,000	26.875	1.93	3,860.00	53,750.00	

SMITH BARNEY SHEARSON

BENEDICT KRIEGER FAMILY TRUST — **Account number 472-00649-16**

tocks

Preferred stocks	No of shares	Price	Dividend rate	Anticipated income (annualized)	Market value	Comment
USF&G CORP 4.10 CV EXCH PFD SER A	1,500	$ 49.75	$ 4.10	$ 6,150.00	$ 74,625.00	
VENTURE STORES INC DEP SH REP 1/10 PFD CONV%	500	48.50	3.25	1,625.00	24,250.00	
Value of preferred stocks				**$ 21,925.00**	**$ 278,375.00**	
Total value of stocks				**$ 48,818.20**	**$ 1,005,387.50**	

Anticipated annual income

This value is a grand total of all the anticipated annual income amounts that are shown on the statement. The anticipated income from such products as Money Funds and Mortgage Backed Securities is not included.

Total anticipated income(annualized)	$ 48,818.20

BENEDICT KRIEGER FAMILY TRUST
DAO BENEDICT KRIEGER
JACQUELINE K KLEIN TRUSTEE
P.O. BOX 1758
CLIFTON, NJ 07015
ACCOUNT NUMBER: 367089

J. H. HANAUER & CO.
GATEHALL CORPORATE CENTER - 4 GATEHALL DRIVE
PARSIPPANY, NJ 07054
201-829-1000 - 800-631-1094

SORT ON: MATUR FORMAT: FINANCIAL
CATEGORY: ALL - CURR HOLDINGS
TAXTYPE: ALL FULL PORTFOLIO
NET=OFF INVID: KRIEGER FAMILY TRUST
PAGE: 1
ACCT EXEC: JOHN KESSLER

REC #	QUANTITY	DESCRIPTION	COUPON/ DIV'DND	MATURITY	SETTLE DATE	UNIT COST	MARKET PRICE	INVESTMENT	MARKET VALUE	PROFIT/ LOSS	12 MONTH PROJ INC
21227	245 M	PUERTO RICO HSG BK & FIN AGY SING FAM MTG BOOK ENTRY N/C	5.125	12/01/05	10/14/93	100.000	100.000	245,000.00	245,000.00	0.00	12,556.26
21256	500 M	JERSEY CITY NJ WATER UTILS FSA BOOK ENTRY	4.900	12/15/07	10/05/93	100.500	101.000	502,500.00	505,000.00	2,500.00	24,500.00
21512	490 M	IRVINGTON TOWNSHIP, NEW JERSEY FSA INSURED	5.000	10/01/11S	11/17/93	100.000	100.000	490,000.00	490,000.00	0.00	22,458.33
22249	250 M	NEW JERSEY STATE HOUSING & MORTGAGE SERIES G MBIA	5.350	10/01/15	12/21/93	100.000	101.000	250,000.00	252,500.00	2,500.00	13,375.00
	1,485 M							1,487,500.00	1,492,500.00	5,000.00	72,889.59

Evaluations as of 12/31/93

2027

MATURITY CODES: 'R'=BOND IS REFUNDED PRIOR TO MATURITY ; 'S'=SHORT OR 'L'=LONG FIRST COUPON PAYMENT IS INCLUDED IN 12 MONTHS PROJECTED INCOME CALCULATION.
INFORMATION PRESENTED HEREIN, WHILE OBTAINED FROM RELIABLE SOURCES, IS NOT GUARANTEED. ADVISE YOUR ACCOUNT EXECUTIVE OF ANY DISCREPANCIES IMMEDIATELY. THIS IS NOT AN OFFER TO PURCHASE OR SELL THE SECURITIES CONTAINED HEREIN, NOR IS IT A SOLICITATION OF ORDERS. P/L IS CALCULATED WITHOUT AMORTIZATION OF PREMIUM OR DISCOUNT. V5.61

Merrill Lynch

CMA® Cash Management Account® Monthly Statement

Account No.	Taxpayer No.	Page	Statement Period
827-32Y93	226-41-9099	2 OF 6	11/27/93 TO 12/31/93

BENEDICT KREIGER FAMILY TRUST
JACQUELINE KLEIN TTEE

Investments

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Current Market Value	Estimated Current Yield %	Estimated Annualized Income	Estimated Accrued Interest
EMC Corp.							
EQUITIES							
**AMERADA HESS CORP	AHC	500	45.125	$22,562	1.32	$298	
AMER CYANAMID CO	ACY	1000	50.250	$50,250	3.48	$1,749	
**CAREMARK INTL INC	CK	250	19.750	$4,937			
**COCA COLA COM	KO	160	44.625	$7,140	1.52	$109	
**E I DUPONT DE N$1 66 2/3	DD	400	48.250	$19,300	3.64	$703	
FORD MOTOR COMPANY DEP SH REPSTG 1/2000 PFD PFD SER B 8.25%	FPRB	100	27.500	$2,750	7.50	$206	
**FLUOR CORP	FLR	200	40.500	$8,100	1.28	$104	
**HOME DEPOT INC	HD	500	39.500	$19,750	.30	$59	
**MICROSOFT CORP WASH	MSFT	100	80.625	$8,062			
**NY ST E & GS COMPANY	NGE	160	30.750	$4,920	7.15	$352	
**NOBLE AFFILIATES	NBL	500	26.500	$13,250	.60	$80	
**NORTHEAST UTILITIES	NU	1000	23.750	$23,750	7.41	$1,760	
**PFIZER INC	PFE	400	69.000	$27,600	2.43	$671	
PRIME HOSPITALITY CORP	PDQ	4	6.375	$25			
**PUB SVC ENTERPRISE GRP	PEG	1085	32.000	$34,720	6.75	$2,344	
**SYNTEX CORP	SYN	100	15.875	$1,587	6.55	$104	
TRIMAS CORP	TMS	40	24.375	$975	.49	$5	
**UJB FINL CORP COM	UJB	1075	24.000	$25,800	2.66	$686	
**WMX TECHNOLOGIES INC	WMX	700	26.375	$18,462	2.27	$419	
**WAL MART STORES INC	WMT	320	25.000	$8,000	.52	$42	
WTOO 98PRIME HOSPITY CRP USD	PDQHW	15	3.370	$50			
SUBTOTAL				$301,990		$9,691	
TOTALS FOR PRICED INVESTMENTS				$301,990.00		$9,691	
CASH				$1,026.98			
MONEY ACCOUNTS: CMA MONEY FUND				$3,969.00			

CONTINUED ON NEXT PAGE

Please advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you contemplate changing your address. Send all correspondence relating to the [illegible] through the office serving your account. For all other questions about your statement, [illegible] telephone to 1-800-CMA-[illegible]. [illegible] CMA Operations, New Brunswick, NJ [illegible]. When asking [illegible]

Merrill Lynch, Pierce, Fenner & Smith Inc.
Member: Securities Investor Protection Corporation

2028

HIGH YIELD MANAGEMENT
SECURITIES, INC.
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

CONTACT YOUR ACCOUNT REP:
JEFFREY GOLDSTERN

For Questions Call
LOCAL 201-773-5648
NATIONWIDE 800-223-0504

JACQUELINE K KLEIN TTEE
BENEDICT KRIEGER FAMILY TRUST
C/O JACQUELINE KLEIN
PO BOX 1758
CLIFTON NJ 07015

Account Number 0PD-019046 SS/ID 22-6419099 Page 1
RR Number 0000000141 000068941
RR Number 0000000141 000068941

STATEMENT PERIOD
NOV 27, 1993 THRU DEC 31, 1993
NOV 27, 1993 THRU DEC 31, 1993

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	QUANTITY	SECURITY DESCRIPTION	SYMBOL	MARKET VALUE ON DEC 31 PER SHARE	TOTAL
CASH	263.12	DAILY MONEY MKT MONEY FUND PORTFOLIO 7 DAY AVG NET YIELD 2.73%	FDAXX	1	263.12
		MUTUAL FUNDS			263.12
CASH	375,000	FEDL HOME LN MTG COR SER 1503 CL 1503-PS 5.4125% 08/15/2016 6.80 -(1X1MO. LIBOR) CUR FACE 375000.00		11 1/4	42,187.50
CASH	115,000	FEDL HOME LN MTG CRP 1570 C ZERO CPN 8/15/2023 MULTICLASS PARTN CTF GTD CUR FACE 113151.18		86 1/2	97,875.77
CASH	165,000	FEDL HOME LN MTG CP SER 1584 CL 1584-S 12.725% 09/15/2023 MULTICLASS MTG PARTN CTFS GTD 0 DAY DELAY CUR FACE 163506.50		98 1/2	161,053.90
CASH	1,000,000	FEDL NATL MTG ASSN REMIC 1993-46 CL-S VAR RTE 05/25/2022 GTD REMIC PASS THRU (-1XLIBOR1MO)+865BP CUR FACE 952801.27		11.624	110,753.62
CASH	285,000	FEDL NATL MTG ASSN TR 1993-100 CL K PRIN ONLY 06/25/2023 REMIC PASS THRU CTF GTD CUR FACE 100984.40		93	93,915.49
CASH	30,000	FEDL NATL MTG ASSN TR 1993-124 M ZERO CPN 10/25/2022 REMIC PASS THRU CTFS GTD CUR FACE 12288.24		94 1/2	11,612.39
CASH	230,000	FEDL NATL MTG ASSN TR 1993-152 CL K PRIN PMT 06/25/2023 REMIC PASS THRU CTF GTD CUR FACE 152600.31		92	140,392.29
CASH	40,000	FEDL NATL MTG ASSN TR 1993-201 CL SA VAR RATE 10/25/2023 REMIC PASS THRU CTFS GTD INVERSE FLTR 0 DAY DELAY CUR FACE 39750.57		93	36,968.03
CASH	80,000	FEDL NATL MTG ASSN TR 1993-237 CL H PRIN ONLY 11/25/2023 REMIC PASS THRU CTFS GTD CUR FACE 72918.46		88	64,168.24
CASH	83,000	FEDL NATL MTG ASSN TR 1993-253 H PRIN ONLY 11/25/23 REMIC PASS THRU CTFS GTD CUR FACE 83000.00		89	73,870.00

***** For an explanation of fixed income pricing please see back of statement. *****

FIXED INCOME 832,797.23

End of Statement

Name HERBERT C. KLEIN | Page 1 of 1

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Valley National Bancorp-Div. reinvestment	X			various	X						
	United Water Resources- Div reinvestment	x			various	X						
SP	H & R Block Com stock	X			11-15-93	X						
SP	H & R Block- Div reinvestment	X			various	X						
SP	High Yield Management-Broker Aaccount See Statement Attached.											
	Geotek Inds. Inc.		X		various				X			
	Burst Agritech Inc.		X		7-21-93	$1.00						
	Margaux Inc.		X		7-19-93	$1.00						
	Solitron Devices Inc.		X		3-26-93	$566.32						

This page may be copied if more space is required.

National Financial
Services Corporation

[redacted]

BROKERAGE NAME AND ADDRESS:
HIGH YIELD MANAGEMENT
SECURITIES, INC.
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

(201)773-5648

PAYER'S NAME AND ADDRESS:
NATIONAL FINANCIAL SERVICES CORP
200 LIBERTY STREET 5TH FLR
NEW YORK, NY 10281

FEDERAL IDENTIFICATION NUMBER
04-2785576

1993 TAX REPORTING

0000278 FP 07012
JACQUELINE KLEIN
34 LENOX AVENUE
CLIFTON NJ 07012

ACCOUNT NO
OPD-003549

TAXPAYER ID OR SSN
135-24-5384

PAGE
7

0001652

1993 BROKERAGE TRANSACTIONS REPORT
(COST OF BROKERAGE TRANSACTIONS INCLUDING COMMISSIONS)
THE FOLLOWING INFORMATION IS NOT REPORTED
TO THE I.R.S. BUT IS BEING PROVIDED FOR
YOUR ASSISTANCE IN TAX PREPARATION

DATE OF PURCHASE	CUSIP NUMBER	QUANTITY	DESCRIPTION	COST LESS ACCRUED INTEREST	ACCRUED INTEREST PAID
01/13/93	58017DAA8	10,000	MCDONNELL DOUGLAS FIN MED TERM	9,588.10	316.75
01/19/93	58017DAA8	105,000	MCDONNELL DOUGLAS FIN MED TERM	100,537.50	3,457.85
01/26/93	31358RBE2	225,000	FEDL NATL MTG ASSN TR 1992-G58	138,927.12	0.00
02/09/93	31358RE66	195,000	FEDL NATL MTG ASSN REMIC	200,753.76	1,959.55
02/18/93	313603U59	90,000	FEDL NATL MTG ASSN TR 1990-34	83,700.00	0.00
02/24/93	31358TRQ4	150,000	FEDL NATL MTG ASSN TR 1993-12G	132,697.93	0.00
03/17/93	948774AA2	20,000	WEIRTON STL CORP SR NT 10.875%	20,600.00	930.42
03/24/93	31358UST4	1,000,000	FEDL NATL MTG ASSN REMIC 1993-	133,240.00	767.36
05/10/93	31358T3P2	15,000	FEDL NATL MTG ASSN REMIC	13,169.80	0.00
05/13/93	31359AP52	125,000	FEDL NATL MTG ASSN TR 1993-100	117,968.75	0.00
05/25/93	312914D3	25,000	FEDL HOME LN MTG CRP SER 1487	21,645.23	57.88
06/08/93	31359AP52	25,000	FEDL NATL MTG ASSN TR 1993-100	23,593.75	0.00
06/09/93	31358RW58	100,000	FEDL NATL MTG ASSN TR 1992-G 6	63,790.37	0.00
06/09/93	312915U25	1,000,000	FEDL HOME LN MTG COR SER 1503	136,250.00	0.00
06/09/93	31359AP52	300,000	FEDL NATL MTG ASSN TR 1993-100	283,125.00	0.00
06/16/93	31358UE28	150,000	FEDL NATL MTG ASSN REMIC 1993-	121,818.82	575.36
07/08/93	31359BGW1	115,000	FEDL NATL MTG ASSN TR 1993-124	108,100.00	0.00
07/13/93	31359AA25	125,000	FEDL NATL MTG ASSN REMIC 93-94	119,855.62	909.29
07/20/93	31359B6R8	200,000	FEDL NATL MTG ASSN TR 1993-152	186,500.00	0.00
07/28/93	31359AQC6	150,000	FEDL NATL MTG ASSN REMIC 1993-	154,210.79	393.08
07/29/93	31359AA25	20,000	FEDL NATL MTG ASSN REMIC 93-94	19,422.76	122.64
08/18/93	3133T1CD2	230,000	FEDL HOME LN MTG CP SER 1584 C	227,700.00	1,219.44
09/09/93	31359ESM4	250,000	FEDL NATL MTG ASSN TR 1993-201	250,000.00	305.56
09/24/93	3133TQPW0	250,000	FEDL HOME LN MTG CRP 1570 C ZE	218,043.98	0.00
10/06/93	31359B6R8	150,000	FEDL NATL MTG ASSN TR 1993-152	133,790.18	0.00
11/09/93	31359FFR4	125,000	FEDL NATL MTG ASSN TR 1993-237	117,343.75	0.00
11/29/93	31359FFR4	100,000	FEDL NATL MTG ASSN TR 1993-237	92,500.00	0.00
12/02/93	31359FWX2	250,000	FEDL NATL MTG ASSN TR 1993 -25	215,000.00	0.00
12/02/93	31359FWX2	7,000	FEDL NATL MTG ASSN TR 1993 -25	6,020.00	0.00
			TOTAL :	$3,449,893.21	$11,015.18

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED

National Financial Services Corporation

1993 TAX REPORTING STATEMENT

BROKERAGE NAME AND ADDRESS:
HIGH YIELD MANAGEMENT
SECURITIES, INC.
4 BRIGHTON ROAD
CLIFTON, NEW JERSEY 07012

(201)773-5648

PAYER'S NAME AND ADDRESS
NATIONAL FINANCIAL SERVICES
200 LIBERTY STREET 5TH FLR
NEW YORK, NY 10281

FEDERAL IDENTIFICATION NUMBER
04-2785576

1993 TAX REPORTING

0000276 FP 07012
JACQUELINE KLEIN
34 LENOX AVENUE
CLIFTON NJ 07012

ACCOUNT NO
OPD-003549

TAXPAYER ID OR SSN
135-24-5384

1099-B (OMB NO 1545-0715) PROCEEDS FROM BROKER TRANSACTIONS (LESS COMMISSIONS)

DATE OF SALE	CUSIP NUMBER	QUANTITY	DESCRIPTION	STOCK AND BOND PROCEEDS	FEDERAL INCOME TAX WITHHELD
01/13/93	456828AC4	10,000	INFINITY BROADCASTG CORP SR SU	10,100.00	0.00
01/19/93	909214AR9	100,000	UNISYS CORP NT 8.875% 07/15/19	98,434.00	0.00
01/26/93	59780EAB7	125,000	MID ATLTIC CORP SUB CAP NT 9.20	121,875.00	0.00
02/09/93	312913TT3	195,000	FEDL HOME LN MTG CRP 1441 SA	200,362.50	0.00
02/18/93	893532AA9	85,000	TRANSCO ENERGY CO DEB DTD	87,881.50	0.00
02/24/93	31358RBE2	225,000	FEDL NATL MTG ASSN TR 1992-G58	143,215.00	0.00
04/27/93	580170AA8	115,000	MCDONNELL DOUGLAS FIN MED TERM	110,112.50	0.00
05/25/93	948774AA2	20,000	WEIRTON STL CORP SR NT 10.875%	20,650.00	0.00
06/23/93	740884AB7	125,000	PRESIDENTIAL LIFE CORP NT	125,000.00	0.00
07/08/93	31358TR04	150,000	FEDL NATL MTG ASSN TR 1993-12G	90,189.27	0.00
07/21/93	31358UE28	150,000	FEDL NATL MTG ASSN REMIC 1993-	120,817.59	0.00
07/22/93	31771CSE6	9,000	FINANCNG CRP CPN STRIPS SE	4,260.15	0.00
07/28/93	31358T3P2	15,000	FEDL NATL MTG ASSN REMIC	12,986.03	0.00
07/29/93	312914D3	25,000	FEDL HOME LN MTG CRP SER 1487	20,587.83	0.00
08/18/93	31358RE66	195,000	FEDL NATL MTG ASSN REMIC	180,111.80	0.00
08/18/93	313603U59	90,000	FEDL NATL MTG ASSN TR 1990-34	84,600.00	0.00
09/21/93	31358AA25	27,000	FEDL NATL MTG ASSN REMIC 93-94	24,004.08	0.00
09/21/93	31359BGW1	90,000	FEDL NATL MTG ASSN TR 1993-124	72,716.17	0.00
09/27/93	31359AQC6	100,000	FEDL NATL MTG ASSN REMIC 1993-	102,807.19	0.00
10/06/93	31358AA25	118,000	FEDL NATL MTG ASSN REMIC 93-94	96,302.91	0.00
			TOTAL:	1,727,013.52	

IMPORTANT TAX INFORMATION: YOU ARE REQUIRED TO FILE A RETURN ... OR OTHER SANCTIONS MAY BE IMPOSED ... THIS HAS NOT BEEN REPORTED

Name HERBERT C. KLEIN | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities owed** to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Valley National Bank	Mortgage					X		
	Citicorp-	Mortgage on Condo, Verona,NJ			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name	HERBERT C. KLEIN	Page	1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chicago Mercantile Exchange/ Chicago Board of Trade	Dec. 10	Newark, NJ--Chicago, ILL and return	N	Y	N	N

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Name	HERBERT C. KLEIN	Page 1 of 3

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
General Partner	Belgrove Arms
General Partner	Alina Associates
General Partner	Willet Associates
Partner	CFC Associates
Trustee	Jewish Federation/ Clifton-Passaic
Partner	Rockford Arms

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Klein Chapman * *I do not believe this constitutes a reportable arrangement. Nevertheless, I am disclosing the existence of the liquidation and sale.	Liquidation and sale of interest

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Beth Israel Hospital
Trustee	Rutgers University
Trustee	First Real Estate Investment Trust of New Jersey
Partner	Boulevard Associates
Partner	Clifton Passaic Management Co.
General Partner	Indy Associates

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Forest Hills Associates (G Town Partners)
Trustee	Endowment Foundation - Jewish Federation
General Partner	Skyline Associates
Director	Kay Holding Co.
Partner	Prospect East
Trustee	Daughters of Miriam Center

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 27.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1993 MAY 17 PM 2:45

Ronald Klink
(Full Name)
226 Connor Drive
(Mailing Address)
Jeannette Pa. 15644 - 1157
Daytime Telephone
(202) 225 - 2565

MAY 1993 ①
MC
(Office Use Only)

Filer Status	X	Member of the U.S. House of Representatives	State PA District 4th CD	X Officer or Employee	Employing Office US House of Representatives
Report Type	X	Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes X	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No X	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes X	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No X
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes X	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No X	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
Ron Klink	5-12-93

2038

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Linda Klink, Beauty Shop	Spouse Self Employed	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

This page may be copied if more space is required.

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Name Ronald Klink

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT (Examples: SP)	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
JT	East Ohio Street Properties			X							Partnership Income									X							
JT	Hartwood Realty Partners, L.P.		X								Partnership Income						X										
JT	Pleasant Valley Professional Center						X					X					X										
JT	Mellon Bank, N.A.	X											X					X									
JT	Irwin Bank				X								X						X								
JT	Halwool Realty		X										X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald Klink

S, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Paine Webber Mutual Funds - IRA			X							X							X									
S	Paine Webber Mutual Funds - IRA			X							X		X	X			N/A - IRA										
S	Canada Life Assurance Co. IRA			X							X		X	X			N/A - IRA										
S	Pioneer III IRA			X							X		X	X			N/A - IRA										
JT	The American Funds Group, IRA			X							X		X	X			N/A - IRA										
S	Resources Trust IRA		X								X		X	X			N/A - IRA										
JT	Westinghouse Common Stock				X												X										
JT	Dagwoods, Inc.				X						X						X										
DC	Pioneer II			X							X								X								

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Name Ronald Klink

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	U.S. Bancorp., Inc.		X		Various		X					

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 3:43

Scott Klug

737 Seneca Place

Madison, Wisconsin 53711 (202) 225-2906

Filer Status	[x] Member of the U.S. House of Representatives	State WI District 2	[ ] Officer or Employee — Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[x]	[ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[x]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[x]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[x]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[x]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[x]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[x]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Scott Klug

DATE (Month/Day/Year) 05/15/94

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Name Scott Klug	Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	none		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	Transaction P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
DC	Union Electric (Keefe)			X							X								X								
DC	Kemper Municipal Bond Fund (Keefe)				X						X			X						X							
DC	Southwest Bell (Brett)				X						X									X							
DC	Pacific Telesis (Collin)			X							X								X								
DC	Phillips Petroleum (Collin)			X							X								X								
DC	Waste Management (Collin)			X							X								X								P

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Scott Kluq

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	McCormick Spice			x							x							x									
JT	Mesa Limited Partnership		x								x						x										
	IRA - Scott				x						x																
	Gehl Stock			x																							
	Money Market/ Kemper			x																							
	US Treasury Securities/ Kemper fund				x																						
	Federal Employees Retirement				x						x		x						x								
	IRA - Tess					x					x																
	Kemper Stock				x						x							x									
	Money Market/ Kemper				x																						
	US Treasury Securities/ Kemper fund				x																						
JT	CUNA Credit Union Savings Acct			x									x						x								
JT	Mutual Savings Bank			x									x						x								

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SCHEDULE IV — TRANSACTIONS

Name Scott Klug

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
DC	Waste Management (Collin)	X			02-08-93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	none								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Cable TV Association	June 5-7	Madison, WI - San Fran. -Madison, WI	Y	Y	Y	N
	Project Interchange	Aug. 21-29	Madison-Tel Aviv-Madison	Y	Y	N	N
	Young Presidents Organization	Oct. 14-16	Wash., DC-Scottsdale-Madison, WI	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Advisors	Qualitemps, Madison, WI (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	none	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

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Name Scott King | Page of

HAND DELIVERED

1994 MAY 20 AM 11:45

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Orange and Rockland-Pearl River, New York	Speech	Feb.4, 1993	$1,000
A T & T-Madison, Wisconsin	Speech	Feb. 21, 1993	$2,000
National Association of Independent Insurers Des Plaines, Illinois	Speech	April 28, 1993	$ 500
Wisconsin Roofing Contractors Association Milwaukee, Wisconsin	Speech	May 10, 1993	$ 250
American Academy of Orthopaedic Surgeons Washington, DC	Speech	May 13, 1993	$2,000
Nonprescription Drug Manufacturers Association Washington, DC	Speech	May 27, 1993	$ 500
National Cable TV Association-Washington, DC	Speech	July 8, 1993	$1,500

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 1:05

(Office Use Only)

7

Joseph K. Knollenberg
(Full Name)

3576 Darcy
(Mailing Address)

Bloomfield Hills, MI 48301

Daytime Telephone (202)225-5802

Filer Status	[X] Member of the U.S. House of Representatives	State Michigan District 11th	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year) 5/13/94

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Sandra Knollenberg, Bloomfield Hills, MI	Self Employed Income Aerobics Instructor	NA
	Allstate Insurance Co., Southfield, MI	Salary	7,379
	Joseph K. Knollenberg, Bloomfield Hills, MI	Self Employed Income Indep. Insurance Sales	800

For payments to charity in lieu of honoraria, use Schedule II.

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Name	Joseph K. Knollenberg	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
American Council of Life Insurance, Wash., D.C. Health and Life Organization	Speech	April 14, 1993	$ 500
Allstate Insurance Company, Wash., D.C. Property and Casualty Group	Speech	July 22, 1993	$ 500

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Name Joseph K. Knollenberg

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Particle Measuring Systems, Inc 1855 S. 57th Court, Boulder, CO 80301					X					X								X								
	Alliance World Income Trust, Inc Secaucus, NJ			X							X								X								
	Washington Mutual Inv. Fund Brea, CA			X							X								X								
SP	First Federal of Michigan Detroit, MI			X									X					X									
SP	Michigan National Bank Farmington Hills, MI			X									X						X								
	NBD Bank, NA Detroit, MI				X								X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph K. Knollenberg

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Bank of Bloomfield Hills Bloomfield Hills, MI			X									X					X									New Bank Account
	Congressional Federal C.U. Washington, D.C.			X									X						X								New Bank Account
JT	First Union National Bank of VA Roanoke, VA	X											X					X									Opened & Closed 1993
	TR Assoc. of Pine Bluff (LTD) East Lansing, MI			X													X										
	Farm-Thru Helen K. Knollenberg Trust - Matton, IL		X																X								

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Institute	Feb. 25 - 27	Wash, DC - Princeton- DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Employee	Allstate Insurance Co., Troy, MI - W2 Issued $7,379 for vacation allowance, Group Life Income, Misc. Health Benefits and $651 of regular pay. No services performed during 1993. See Agreement Below.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-02-93	Joseph K. Knollenberg and Allstate Insurance Co.	AGREEMENT COVERING UNPAID LEAVE OF ABSENCE FROM EMPLOYMENT DURING PERIOD OF GOVERNMENT SERVICE AND CONTINUED PARTICIPATION IN MEDICAL, DENTAL, VISION AND LIFE INSURANCE BENEFIT PROGRAMS, AS APPROVED BY THE COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT BY A LETTER DATED 1/02/93.

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 AM 10:37

(10)

(Office Use Only)

James Thomas Kolbe
(Full Name)

405 Cannon House Office Building
(Mailing Address)

225-2542
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Arizona District 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
MAY 12, 1994

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None			

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Name James Thomas Kolbe | Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peona, IL accounts					X							X							X							
	Sonoita, AZ - ½ interest in 43 acres land				X								X	X								X					S
	Sonoita, AZ - ½ interest in 420 acres land						X																				
	Bank One, Checking & Savings Acct.			X									X						X								
	Chase Money Market Acct.			X									X						X								
	Alliance Capital Reserves Money Mkt.			X									X						X								
	Congressional Federal Credit Union Checking & Savings Accts				X						X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Thomas Kolbe

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	Southmark Equity Partnership			X							X							X									
	Exeter Real Estate Investors - 1 share			X																							
	Golder Ranch Assn - Lmtd Partnership ½ share			X																							
	Franklin Arizona Tax-Free Income Fund			X							X								X								
	Motorola Corp. Stock			X							X							X									
	Broken Hill Proprietary - Stock			X							X							X									
	Esterline Corp. - Stock		X								X						X										
	Wood Canyon Corp. - 5% of outstanding stock				X																						
	Munivest - Municipal Bond Fund			X									X						X								
	Insured Municipal Income Trust			X									X						X								
	Investment Co. of America - Mutual Fund				X						X									X							
	A.G. Edwards Daily Cash Accumulation Fund				X								X						X								
	Source Capital - Stock			X							X								X								S
	Medtronics - Stock				X						X							X									
	Salt River Project - Series 3 Bonds			X									X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Thomas Kolbe

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	Maricopa County Road Bonds			X									X						X								
	Chandler Water & Sewer Revenue Bonds				X								X							X							
	Merrill Lynch Cash Mgt. Acct.			X									X						X								
	- Merrill Lynch Basic Value Fund			X							X								X								
	- Merrill Lynch Municipal Bond Fund			X									X						X								
	Merrill Lynch IRA					X																					
	Mexico Fund				X						X								X								
	Wal-Mart Stores, Inc.			X							X							X									
	CIFRA S.A., ADR			X							X							X									
	Home Depot, Inc.			X							X							X									
	Glaxo Holdings PLC			X							X							X									P
	Pep Boys - Manny , Moe & Jack			X							X							X									P
	Philip Morris Companies			X							X								X								P
	Scudder Latin America Fund			X														X									P
	Catalina Bonanza Ltd Ptnshp - ½ share		X																								Liquidated

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SCHEDULE IV — TRANSACTIONS

Name James Thomas Kolbe | Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Sonnita, AZ - ¼ interest in sale of 43 acres		X		12/31/92				X			
	Catalina Bonanza Ltd. Partnership - ½ share	Liquidated			10/93		None					
	Source Capital - Stock		X		12/23/93	X						
	Glaxo Holdings PLC	X			12/23/93	X						
	Pep Boys - Manny, Moe & Jack	X			12/23/93	X						
	Philip Morris Companies	X			12/23/93	X						
	Scudder Latin America Fund	X			11/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Columbia Institute (conference)	Jan 28 - Feb 1	DC-Paris-Zurich-Davos Zurich-Paris-DC (airfare)	Y	Y	N	N
	Congressional Institute (conference)	Feb 24-27	DC-Princeton-DC (train)	Y	Y	N	N
	Northwestern Alumni Assn. (speech)	March 8	Tucson-Chicago-DC (airfare)	N	Y	N	N
	Hellon & Associates (fact finding)	May 31 - June 5	Phx-LA-Tokyo-Beijing-Hong Kong-Seoul-LA-Tucson (airfare)	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Embry-Riddle Aeronautial University
Director	Community Food Bank

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 10:13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)
(G)

Michael Joseph Kopetski
(Full Name)
218 Cannon Office Bldg
(Mailing Address)
Washington, DC 20515
202-225-5711
(Phone Number)

Filer Status	[X] Member of the U.S. House of Representatives	State OREGON District 5	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael Joseph Kopetski

DATE (Month/Day/Year): May 12, 1994

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
American Psychiatric Assn	Speech	Sept. 17	$1000

This page may be copied if more space is required.

Name Michael J. Kopetski | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	A G Edwards – Daily Cash Accumulation Fund		X								X								X								

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Congressional Federal Credit Union	Home Improvement Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	United Jewish Appeal	April 19-20	Portland - San Fran - WashDC	Y	Y	N	N
	City University	May 20 - 23	DC - Zurich - DC	Y	Y	N	N
	Parliamentarians for Global Action	June 6-8	Portland - Mexico City - DC	Y	Y	N	N
	Turkish American Foundation	Aug 8-16	DC - Istanbul - Rome	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	The Connection Program

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:52

(Office Use Only)

7

Myron Bradford Kreidler
(Full Name)

1535 Longworth H.O.B
(Mailing Address)

202-225-8901

Washington, D.C. 20515

Filer Status	☑ Member of the U.S. House of Representatives	State District WA 9	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑	No ☐
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Myron B. Kreidler

DATE (Month/Day/Year) 5/14/94

2077

Name Kreidler	Page 1 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	North Thurston School District, Lacey , WA	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

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Name Kreidler | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E P, S, E
SP, DC, JT	Examples. SP Mega Corp. Stock; 123 Main St., Dover, Del.; 1st Bank of Peoria, IL accounts				X			X			X	X	X						X			X					P
JT	First Community Bancorp, Lacey, WA Stock						X										X										
JT	Cottesmore (nursing home) Gig Harbor WA stock			X							X							X									
JT	Olympia, First Investment partnership w/commercial bdg. located on SE corner of State & Water St., Olympia, WA					X											X										
JT	House, 127 San Mar Dr. NE Olympia WA 98506					X						X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Kreidler

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Legion Group, investment partnership w/commercial bldg. at NW corner of Columbia st. Olympia, WA					X													X								
	Group Health pension fund							X																			
	Washington State retirement fund			X																							

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Name Kreidler | Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
JT	First Community Bank Lacey, WA	line of credit		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

Name Kreidler	Page [illegible] of [illegible]

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Am. Optometric Assoc.	June 18-20	D.C. -Anaheim,CA-Seattle,WA	Y	Y	N	N
	Am. Academy of Optometry	Dec. 11-12	D.C.-Boston-Seattle,WA	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
partner	Olympia First
partner	Legion Group
partner	Investment 11

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1/1/93	Group Health Coop. of the Puget Sound, Olympia	2 years leave of absence from medical staff

GPO 1994 75 884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

MAY 6

JON LLEWELLYN KYL
(Full Name)

U. S. House of Representatives 202-225-3361
(Mailing Address)

Washington, D.C. 20515

Office Use Only

5

Filer Status	X	Member of the U S House of Representatives	State AZ District 4	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	No X	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes X	No
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes X	No	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes X	No
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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	No X

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SIGNATURE OF REPORTING INDIVIDUAL **DATE** (Month/Day/Year)

2084

Name JON LLEWELLYN KYL | Page 2 of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	Flagstaff-Kachina Real Estate Limited Partnership				X						Partnership Income						X										
JT	Northern Village Shopping Center Real Estate Limited Partnership				X						Partnership Income						X										
JT	Boettcher 1981-82 Natural Gas Drilling Limited Partnership			X							Partnership Income							X									
JT	Energy Partners Oil & Gas Limited Partnership			X							Partnership Income						X										
JT	Pima Road-Pinnacle Peak Real Estate Limited Partnership				X						Partnership Income						X										
JT	Carefree-60th Street Real Estate Limited Partnership				X						Partnership Income						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JON LLEWELLYN KYL

Page 3 of

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P. S. E
JT	Paine Webber Geodyne Energy Income, Limited Partnership			X							Partnership Income						X										
JT	Paine Webber Equity Partners Limited Partnership			X							Partnership Income							X									
JT	Unimproved 3/4 acre lot, Greer, Arizona				X						Full Cash Assessed Value $25,889						X										
JT	Silver (bag)			X									N/A							N/A							
JT	Jennings, Strouss & Salmon Keogh managed by Paine Webber						X						N/A							N/A							
	American Capital Pace Fund IRA (fka Jennings,Strouss & Salmon IRA)				X						X			X							X						
SP	American Capital Pace Fund IRA for Caryll Kyl (fka Jennings, Strouss & Salmon IRA)			X							X			X					X								
JT	Nations Bank, Virginia			X									X						X								
JT	Bank of America, Arizona			X									X				X										

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Greater Phoenix Economic Council	April 13-14, 1993	Phoenix to Chicago Chicago to Phoenix	Y	Y	N	N
	American Legislative Exchange Council	Aug. 10-11, 1993	PHX to Traverse City Traverse City to PHX	Y	Y	N	N
	American Israeli Political Action Committee	Nov. 7-8, 1993	PHX to DFW to Miami to Tampa to National	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Crime Victim Foundation
Board of Advisors	The Center for Security Policy

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 3:01
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

16

John J. LaFalce
(Full Name)

2310 Rayburn House Office Building
Washington, DC 20515
(Mailing Address)

Daytime Telephone
202-225-3231

Filer Status	[X] Member of the U.S. House of Representatives	State New York Distnct 29	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John J. LaFalce

DATE (Month/Day/Year) 5/12/94

2089

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

2090

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Price Waterhouse	Speech	March 8, 1993	$2000
	Financial Insurance Institutions Association	Speech	March 15, 1993	$2000
	Public Securities Association	Speech	May 1, 1993	$2000
	National Society of Public Accountants	Speech	May 25, 1993	$2000
	National Franchisee Association	Speech	October 4, 1993	$2000

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Name John J. LaFalce

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	DEAN WITTER																										
	Mark IV			X													X										P
	Comptek Research			X													X										P
	U.S. Cellular				X												X										P
	Health Care Compare			X													X										P
	Active Assets Money Trust			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. LaFalce

Page 5 of 16

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Templeton Global Opp.			X							X			X				X									
	Dean Witter Utilities Fund	X									X			X					X								S
	Chile Fund			X							X								X								P
	Northern Telecom			X							X							X									P
	ERO, Inc.			X													X										P
	Dean Witter Pacific Growth Fund				X									X					X								P
	Dean Witter European Growth Fund			X										X					X								P
	Liquid Assets		X								X								X								
	FIDELITY																										
	Fidelity Select Developing Comm.			X							X								X								P
	Fidelity Emerging Markets Fund			X							X							X									P
	Fidelity Latin America Fund			X													X										P
	Fidelity Southeast Asia Fund			X													X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. LaFalce

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	BACHE																										
	AT&T			X							X								X								
	Healthcare Compare			X													X										P
	Corning	X									X							X									P/S
	Merck			X							X							X									P
	Chile Fund				X						X			X					X								P
	Coca Cola			X							X							X									P
	Motorola			X							X							X									P
	Philip Morris			X							X							X									P
	Eastman Kodak				X												X										P
	Money Market Assets			X							X									X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. LaFalce

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	MERRILL LYNCH (1)																										
	MIT Series 73 Bond NY			X									X						X								
	ALZA TTS Research Partnership Ltd.		X								Partnership Income								X								
	NYC NY Bonds Ser. A 8/01/01				X								X							X							
	NYC Mun. Water Fin. Auth. Rev. Bonds	X											X						X								S
	NYC Prams			X									X						X								
	NYS Urban Development Bonds	X											X						X								S
	NYC Princ. O Coupon TIGR	X											X							X							S
	ML Convertible Holdings Cap. Shares			X							X									X							
	Argentina Fund				X						X							X									
	Latin American Equity Fund			X										X					X								
	Mark IV			X							X							X									
	NYC M-TIGRS 2/1/02	X											X						X								P/S
	British Petroleum			X							X							X									P
	China Light & Power			X							X							X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. LaFalce

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	Intel				X						X							X									P
	Telefona de Espana			X							X								X								P
	ML & Co. Global Telec. M.				X												X										P
	Wellpoint Health Network				X												X										P
	Ramsey HMO				X												X										P
	Physician Corp. of America			X													X										P
	Spectrum Info. Techn.			X													X										P
	Senetek Plc - ADR			X													X										P
	ML Eurofund Class B			X													X										P
	ML Int'l. Equity Fund, Class B			X													X										P
	Cash Management Money Market Fund			X							X								X								
	MERRILL LYNCH (2)																										
	MIT Series 73 Bond NY			X									X						X								
	NYC, NY Bond Ser. A 8/1/01			X									X						X								
	MIT Series 10 NY			X									X							X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. LaFalce

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	YPF Sociedad A. ADR	X									X							X									P/S
	Eastman Kodak			X													X										P
	ML Eurofund - Class B			X													X										P
	ML International Equity Fund Class B			X													X										P
	ML Pacific Fund Class B			X													X										P
	Cash Management Money Market Fund			X							X								X								
	MERRILL LYNCH (3)																										
	TIGR Ser. 9	X											X						X								S
	CATS Ser S	X											X							X							S
	New USA Fund			X							X									X							P
	Pasadena Growth Fund	X									X							X									S
	ERO Inc.				X												X										P
	ML Dragon Fund				X						X								X								P
	ML Dev. Capital Markets Fund				X						X								X								P
	TIGR Ser 23	X											X						X								S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. LaFalce

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $2,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Franklin NY Tax Free	X											X							X							S
	Retirement Reserves		X								X								X								
	Colonial Manor Condo, W. Seneca, NY				X							X									X						
	M & T Bank				X								X							X							
	Congressional Federal Credit Union				X								X						X								

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Mark IV	X			5-12-93	X						
	Comptek Research	X			5-12-93	X						
	US Cellular	X			5-12-93	X						
	Health Care Compare	X			5-12-93	X						
	Dean Witter Utilities Fund		X		10-20-93 10-22-93	X X						
	Chile Fund	X			5-12-93	X						
	Northern Telecom	X			5-12-93	X						
	ERO	X			8-6-93	X						
	Dean Witter Pacific Growth Fund	X			10-20-93 11-22-93		X					
	Dean Witter European Growth Fund	X			10-22-93	X						
	Fidelity Select Developing Comm.	X	X		8-9-93 12-22-93	X	X					
	Fidelity Emerging Markets Fund	X			11-8-93 12-22-93	X						
	Fidelity Latin American Fund	X			12-22-93	X						
	Fidelity Southeast Asia Fund	X			12-22-93	X						
	Healthcare Compare	X			4-28-93	X						
	Corning	X	X		4-28-93 11-22-93	X X						
	Merck	X			5-3-93	X						

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Chile Fund	X			5-3-93 7-19-93		X					
					7-30-93							
	Coca Cola	X			5-19-93	X						
	Motorola	X			5-19-93	X						
	Philip Morris	X			5-19-93	X						
	Eastman Kodak	X			12-15-93	X						
	NYC Muni. Water Fin. Auth. Rev. Bonds		X		9-9-93	X						
	NYS Urban Development Bonds		X		5-4-93		X					
	NYC Princ. O Coupon TIGR		X		8-19-93		X					
	NYC M-TIGRS 2-1-02	X 	X		5-4-93 9-9-93		X X					
	British Petroleum	X			6-18-93	X						
	China Light and Power	X			6-18-93	X						
	Intel	X			6-18-93		X					
	Telefona de Espana	X			6-18-93	X						
	ML & Co. Global Telec. M.	X			9-3-93		X					
	Wellpoint Health Network	X			10-18-93	X						
	Ramsey HMO	X			10-18-93		X					

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Physician Corp. of America	X			10-18-93	X						
	Spectrum Info. Techn.	X			11-8-93	X						
	Senetek Plc - ADR	X			11-8-93	X						
	ML Eurofund Class B	X			11-16-93		X					
	ML International Equity Fund, Class B	X			11-16-93		X					
	YPF Sociedad	X			6-29-93	X						
	Eastman Kodak		X		10-29-93	X						
	ML Pacific Fund	X			10-29-93	X						
	TIGR Ser. 9	X			11-16-93	X						
	CATS Ser. S		X		6-18-93		X					
	Pasadena Growth Fund		X		6-18-93		X					
	ERO, Inc.		X		11-22-93	X						
	ML Dragon Fund	X			6-24-93		X					
	ML Dev. Capital Markets Fund	X			6-24-93		X					
	TIGR Ser. 23	X			11-23-93		X					
	Franklin NY Tax Free		X		6-18-93	X						
	New USA Fund		X		11-22-93		X					
		X			12-30-93	X						

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Name	John J. LaFalce	Page 14 of 16

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	N/A								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Public Securities Association	April 30 - May 1	Buffalo, NY - Greenbrier, W.V. - Buffalo, NY	Y	Y	N	N
National Franchise Association	Oct. 3 - 4	Buffalo, NY - San Francisco, CA - Washington, DC	Y	Y	N	N
Foreign Policy Institute of Turkey	Aug. 8 -14	Buffalo, NY - Turkey - Buffalo, NY	Y	Y	Y	N
St. Louis University	Mar. 11-13	Washington, DC - St. Louis, MO. - Buffalo, NY	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Rev. A. Joseph Bissonette Memorial Foundation
Trustee	Canisius College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1994 75-684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:50

HON. BLANCHE MEYERS LAMBERT
(Full Name)

1204 LONGWORTH BUILDING WASHINGTON, D.C. 20515 202-225-4076
(Mailing Address) (Telephone Number)

(Office Use Only) 9

Filer Status	[X] Member of the U.S. House of Representatives	State AR District FIRST	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Blanche M. Lambert

DATE (Month/Day/Year): May 16, 1994

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Name	Blanche M. Lambert	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	University of Mississippi Medical Center, Jackson, MS	spouse salary	
	University of Mississippi Medical Center-OBGyn Associates Jackson, MS	spouse salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name	Blanche M. Lambert	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Tyson Food, Springdale, AR	Leg. meeting & tour of operations	Feb. 25-26	2,000
The Washington Caucus, Wash. DC	speech	May 20	500

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Name Blanche M. Lambert

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X														
	First Nat'l Bank of Phillips Co. Cherry St., Helena (IRA/savings)				X								X							X							S
	Helena Nat'l Bank, Cherry St. Helena, AR			X									X						X								
	Smith, Barney, Shearson, Wash. St., Alexandria, VA			X									X							X							
	J.B. Lambert, Sr. Trust Trustee Board Bank of Mississippi Jackson, MS				X		X						X		X					X		X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Blanche M. Lambert

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E

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Name Blanche M. Lambert

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Smith, Barney Shearson (Federal Tax Exempt Bond Fund) mutual funds		X		1-93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Entergy-Little Rock, AR	2 box seats to Pres. Inaugural Ball	$ 250
Federal Express-Memphis, TN	tickets to St. Jude Classic	$250

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Tyson Food	Feb. 25-26	Wash. DC-Springdale AR-DC	Y	Y	N	N
	Public Securities Assoc	April 30-May 2	Wash. DC-White Sulphur Springs, WV-Wash. DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(Office Use Only)

H. Martin Lancaster
(Full Name)

2436 Rayburn House Office Building (202) 225-3415
(Mailing Address) Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State District NC 3rd	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
X H. Martin Lancaster

DATE (Month/Day/Year)
05-13-94

2114

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Northern Virginia Community College	Spouse Salary	NA
	Montgomery College	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Tobacco Institute of Washington	Speech	Jan 12-16,93	2,000.00
Armed Forces Marketing Council	Speech	Feb 7-9,93	1,000.00
Philip Morris Companies	Speech	Apr 15,93	2,000.00
R.J. Reynolds Tobacco Company	Speech	Dec 6, 93	2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X						X								X								P
	123 Main St., Dover, Del.								X				X										X					
	1st Bank of Peoria, IL accounts						X							X							X							
	Briarwood Investments (1/4 interest/my equity shown)							X					X						X	X								
S	First Union National Bank				X									X				X										
	Branch Banking & Trust (Savings) (formerly 1st Financial Savings and Loan)				X									X						X								
	Branch Banking & Trust (Checking				X													X										
S	State Employees Credit Union				X									X					X									
	Wright Patman Congressional Credit Union				X									X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name H. Martin Lancaster

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	Matheny Motor Company				X						X									X							
S	Nationwide Insurance Company			X													X										
S	Exxon				X						X									X							
	Triangle East Bank (Stock) [formerly called New East Bank-name changed this year]			X													X										
	1/2 interest in lot at Bald Head Island, NC				X												X										
	The Equitable Companies (Stock)		X								X							X									
DC	Citizens Federal Savings	Unknown													X												
DC	Branch Bank & Trust	Unknown													X												
DC	Citizens Federal Savings	Unknown													X												
DC	Citizens Bank & Trust	Unknown													X												
S	Investment Companies of America Mutual Fund IRA					X					X										X						
	Employees Credit Union, NC/IRA			X								X					X										
	Branch Bank & Trust (BB&T)			X															X								
S	NC School System-Retirement				X						X						X										

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	None											

This page may be copied if more space is required.

Name H. Martin Lancaster | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Southern National Bank of North Carolina	Mortgage on Briarwood Investment property, Berkeley Blvd., Goldsboro, NC							
		Full loan amount shown, my share is 1/4					X		

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Tobacco Institute Wash.,DC	Jan12-16	Wash.,DC-Palm Springs -Wash., DC	Y	Y	Y	4 days
Armed Forces Marketing Council, Wash.,DC	Feb7-9	Wash.,DC-Orlando-Raleigh, NC	Y	Y	N	N
Philip Morris Companies	Apr 15	Drove personal car Wash.,DC	N	N	N	N
The Atlantic Club of Bulgaria	Jul 5-10	Wash.,DC-Sofia-Raleigh NC	Y	Y	N	N
Danny Thompson Memorial Golf Tournament, Idaho	Aug26-27	BWI-Jackson-Idaho Falls -Raleigh, NC	Y	Y	N	N
R.J. Reynolds Tobacco Co.	Dec 6	Drove personal car to Winston Salem ,NC	N	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Briarwood Investments (Owner of rental apartment units)
Director	Wayne Implement Corporation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
None		

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (5)
(Office Use Only)

Thomas Peter Lantos
(Full Name)

2182 Rayburn HOB, Washington, DC 20515
(Mailing Address)

(202) 225-3531
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 12	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tom Lantos

DATE (Month/Day/Year) 5/16/94

Name	Page of
Thomas Peter Lantos	2 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	California Teachers Association	Pension	$11,848
	State of California Public Systems	Pension	$11,116

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas Peter Lantos

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP	Examples: SP Mega Corp. Stock				X						X								X								P
DC	Examples: 123 Main St., Dover, Del.							X				X										X					
JT	Examples: 1st Bank of Peoria, IL accounts					X							X							X								
JT	Merrill Lynch Cash Managmt Acct						X				X										X						
JT	Keogh Retirement Acct. (Merrill Lynch)						X										X										
	IRA (self)--Merrill Lynch				X												X										
	IRA (spouse)--Merrill Lynch				X												X										
JT	1230 Southdown Road Hillsborough, CA 94010								X			X											X				

For additional assets and unearned income, use next page.

Name	Thomas Peter Lantos	Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Wells Fargo Bank, San Jose, CA	Mortgage on rental property, 1230 Southdown Road Hillsborough, CA				X			
		(Paid off 3/19/93)							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute Conf.(2/7-2/12)	Feb 5-12	Wash.D.C.-Lanai,HI-Wash.DC	Y	Y	Y	5 days
	Aspen Institute Conf (8/22-8/26)	Aug 8-Sept 7	Wash,DC-Zurich,Budapest-Warsaw-Budapest-Wash,DC	Y	Y	Y	26 days
	American-Israel Educa. Founda.	Aug 13-19	Zurich-Tel Aviv-Budapest	Y	Y	Y	N
	Wiesenthal Center, Los Angeles	Sept. 9	San Francisco-Los Angeles-San Francisco	N	N	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 12:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only) 12

Larry LaRocco
(Full Name)

1117 Longworth House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone 202-225-6611

Filer Status	[X] Member of the U.S. House of Representatives	State Idaho District First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Larry LaRocco

DATE (Month/Day/Year): 5/13/94

2128

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Consultant,	Spouse Salary	NA
	Bryce Harlow Foundation, Washington, D.C. - Executive Director	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	LARRY LAROCCO	Page 3 of 12

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), [illegible] of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities [illegible] the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each [illegible] See Instructions, pages 13–14.

	Source	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Feb. 2, 1993	$2,000
	XYZ Magazine	Aug. 13, 1988	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Profit Sharing/401 K Plan Piper Jaffray Co. Minneapolis, Mn				X																						
	Lehman Brothers, Inc. Vested Retirement, Present Value				X																						
	Piper Jaffray Co., ESOB Minneapolis, Mn.			X																							
	CD/w/ Aunt in Rancho Cucamonga, CA American Savings Bank				X												X	Income to Aunt									
SP	Beneficial Interest Shareholder 33 shares, Wilder, Idaho/Cloudcroft Farms										X											X					
JT	Capital Educators Credit Union Acct 2 Boise, Id			X							X		X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LARRY LAROCCO

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Capital Educators Credit Union Acctl Boise, Id				X						X		X						X								
JT	Wright Patman Credit Union Washington, D.C.			X							X		X					X									
JT	Piper Jaffray Prime Account Money Market Boise, Id			X									X						X								
	Piper Balanced Fund			X														X									P
	Phoenix Convertible Fund Series			X							X		X	X				X									S
JT	Piper Jaffray Account #2- Money Market					X					X							X									
	American Adj. Rate Term TR-1998			X							X									X							P
	American Select Portfolio Inc.			X							X									X							P
	Duff Phelps Utilities Income			X							X									X							P
	Nuveen Select Mat. MCPL FD				X						X									X							P
SP	Piper Jaffray Spouse Account																										
	Piper Jaffray Emerging Growth			X													X										P
	Piper Nat'l Tax Exempt Fund			X							X								X								P
	Merck & Co. Inc. 150 shares			X							X							X									P
JT	MFS Municipal Income Trust			X							X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LARRY LAROCCO

Page 6 of 12

SP, DC, JT	BLOCK A Asset and/or Income Source	None	$1 - $1,000	[redacted]	EXCEPTED TRUST	BLOCK D Amount of Income None	[redacted]	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction
JT	MFS Multi Market Income Trust		X		X			X								
SP	Piper Jaffray IRA - Spouse Rollover			X	X			X								
	Amern Adj. Rate Term Tr 1997		X		X			X								P
	Intel Corp. Zero Cpn 5/15/95		X			X	X									
	Sears Roebuck 6% 5/1/00		X			X	X									
	Certs of Accrual - Treas Ser 0% 11/15/99		X			X	X									
	Stock Pacificorp 300 Shares		X		X			X								
	Norwest Corp 7 3/4% 3/15/03		X		X		X									E
SP	Piper Jaffray IRA - Spouse															
	Franklin Income Fund		X		X	X		X								P
	EF Hutton Corp Hi Yld #4	X			X		X		REINVESTED							E
	Silver Screen Ptrs IV Ltd. Part		X		X			X								
	Piper Jaffray - IRA															
	Pyramid Tech. Corp (200 shares)		X				X									P
	Spectrascience (150 shares)	X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LARRY LAROCCO | Page 7 of 12

SP, DC, JT	[redacted] Source	None	A $1 – $1,000	[redacted]	Block D [redacted] Amount of Income	IV $2,501 – $5,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Piper Jaffray IRA (continued)										
	Westwood One, Inc. (200 shares)		X		X						
	Winnebago Inds. Inc. (160 shares)		X		X						P,S,
	Minntech Corp. (140 shares)		X		X						P

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	Phoenix Convertible Fund Series		X		7/30/93	X						
JT	Amer Adj Rate Term Trust - 1988	X			9/28/93		X					
JT	Amer Select Portfolio, Inc.	X			9/21/93	X						
JT	Duff Phelps Utilities Income	X			10/18/93	X						
JT	Nuveen Select Mat MCPL FD.	X			9/28/93		X					
SP	Piper Jaffray Emerging Growth	X			5/4/93	X (+ periodic purchases)						
SP	Piper Nat'l Tax Exempt Fund	X			5/4/93	X						
SP	Piper Nat'l Tax Exempt Fund	X			2/26/93	X						
SP	Merck & Co. , Inc. 150 Shares	X			8/24/93	X						
JT	Piper Balanced Fund	X			8/02/93	X						
SP	Amer Alt Rate Term Trust - 1997 IRA	X			5/05/93	X						
SP	Norwest Corp 7 3/4% 3/15/03 - Bond IRA			X	4/15/93	X						
SP	Franklin Income Fund IRA	X			12/30/93	X (+ reinvestment divs)						
SP	E.F. Hutton, Corp Hi Yld #4 IRA			X	2/5/93							
	Pyramid Technology 200 shares IRA	X			10/18/93	X						
	Minntech Corp. 140 shares IRA	X			12/27/93	X						

(continued)

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SCHEDULE IV — TRANSACTIONS

Name LARRY LAROCCO

Report any purchase, sale, or exchange by you, your spouse, [illegible] during the reporting year of any real property, stocks, bonds, [illegible] or other securities when the amount of the transaction exceed[illegible] transactions that resulted in a loss. Do not report a transaction [illegible] spouse, or your dependent child, or the purchase or sale [illegible] residence, unless it is rented out. For further information, see [illegible] 20–21.

SP, DC, JT	Asset	[illegible]	[illegible]	[illegible]	Date (MO/DAY/YR)	Amount of Transaction B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	Mega Corporation Common Stock				10-12-93		X					
	Winnebago Inds. Inc. (160 shares) IRA	X			11/15/93	X						
	Winnebago Inds. Inc. (160 shares) IRA		X		12/23/93	X						
	U.S. Coupon Treasury Strips 0% 2/15/06 IRA		X		9/8/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 over
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	KEY BANK OF IDAHO, Boise, Idaho	Secured Loan		X					
	Student Loan Fund, Fruitland, Idaho	Student Loan	X						
	Education Loan Service, Inc., Braintree, MA.	Student Loan	X						
	KEY BANK OF IDAHO, Boise, Idaho	Unsecured Loan (retired)		X					
	Wright Patman Credit Union -	Line of Credit	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Western Independent Bankers	Mar 14-16	Phoenix-Honolulu-Wash.D.C.	Y	Y	N	
	Public Securities Association	Apr 30	Wash.D.C.-White Sulfur Springs, West VA-Wash.D.C.	N	Y	N	
	American Bankers Association	May 2-4	Portland-Monterey-Wash.D.C	Y	Y	N	
	Associated Bank Holding Co.	May 28	Wash.D.C.-Indianapolis-Spokane	N	Y	N	
	Mortgage Bankers	June 6-7	Boi-Sun Valley-Wash.D.C.	Y	Y	N	
	Columbia Research Group	July 6-7	Boi-Idaho Falls	Y	Y	N	
	Association of Progressive Rental Organizations	Aug 14-15	Spokane-Las Vegas-Boi	Y	Y	Y	
	Interbask	Nov. 24-27	Wash. D.C.-Bilbao-Boi	Y	Y	Y	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NA	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
NA		

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Block A

Asset and/or Income Source

Identify (a) each asset held for investment or the production of income with a current fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or activity income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column at the left.

For further information, see Instructions, pages 14–20.

Block B

Amount of Income

Rents and retirement plans that are not self-directed, you may write in "NA" for income.

Block C

Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples:	None	Over $1,000	I. $201 – $1,000	II. $1,001 – $2,500	III. $2,501 – $5,000	IV. $5,001 – $15,000	V. $15,001 – $50,000	VI. $50,001 – $100,000	VII. $100,001 – $1,000,000	VIII. $1,000,001 – $5,000,000	IX. Over $5,000,000	P, S, E
	Profit Sharing/401 K Plan Piper Jaffray Co. Minneapolis, Mn		X										
	Lehman Brothers, Inc. Vested Retirement, Present Value		X										
	Piper Jaffray Co., ESOB Minneapolis, Mn.		X										
	CD/w/ Aunt in Rancho Cucamonga, CA									X	Income to Aunt		
	American Savings Bank		X										
SP	Beneficial Interest Shareholder 33 shares, Wilder, Idaho/Cloudcroft Farms			X			X					X	
JT	Capital Educators Credit Union Acct 2 Boise, Id		X			X			X				

For additional assets and unearned income, use next page.

Larry LaRocco M.C. 6/13/04

HAND DELIVERED JUN 13 PM 4:15 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

2140

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 3:20

MAIL INSIDE MAIL (Office Use Only)

8

Gregory Haines Laughlin
(Full Name)

P.O. Box 504
(Mailing Address)

Daytime Telephone

West Columbia, Texas 77486

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 14th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Greg Laughlin

DATE (Month/Day/Year): May 12, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Kay Karl 384 N. Washington, Falls Church 22046	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Gregory Haines Laughlin | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Super 8 Motel			X													X										
	35% Interest unimproved 13.66 acres, Damen HWY					X											X										
	Partnership Interest			X													X										
	Plaza Partners			X													X										
*	Brazoria Rent house & 4 lots				X																		X				S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gregory Haines Laughlin

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Eugene Island Inc.		X														X										
	501 E Bernard St. West Columbia						X					X										X					

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Name Gregory Haines Laughlin

Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Brazoria Rent House 4 lots		X				X					

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	West Columbia National Bank	West Columbia, Texas			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Continental	Feb28/1Mar	Wash,DC-Houston, Wash	Y	Y	Y	
US/FSU Energy Institute	July 16-18	Wash, DC-Ireland,Wash	Y	Y	Y	
Electronic Industrialists	Aug 13-20	Wash DC-Turkey- Wash	Y	Y	Y	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Nov. 1988	Wes Griggs	Oral agreement that I may return to the family law firm after leaving Congress.

GPO 1994 75 884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 12: 13
CLERK OF THE HOUSE
U.S. HOUSE OF REPRESENTATIVES
CHANGE ENTERED
(Office Use Only)

8

Rick A. Lazio
(Full Name)

126 South Windsor Avenue
(Mailing Address)

Brightwaters New York 11718

Daytime Telephone (516) 893-9010

Filer Status	[X] Member of the U.S. House of Representatives	State NY District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Rick A. Lazio	**DATE** (Month/Day/Year) May 12 1994

2149

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Department of Veteran Affairs	Spouse Salary	NA
	Fees Received under order of New York State Supreme Court	Deferred compensation for legal services rendered before election to congress.	$1148

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X							X							
	69 Holly Walk Fair Harbor New York						X					X										X					
(A)	501 South Seas Drive Jupiter, FL						X										X										
	Boeing Co.			X							X							X									
	Colonial High Income Muni Trust				X						X									X							
	Freeport McMoran			X													X										
	Alliance World Income Trust			X							X								X								

For additional assets and unearned income, use next page.

(A)Undivided 50% Interest owned jointly as tenants in common. Reporting value is at 100%.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rick A. Lazio

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
Colonial High Income Muni Trust			X							X								X								
Paine Webber Global Income Fund	A		X							X								X								
Paine Webber Retirement Money Fund			X							X							X									
Congressional Federal Credit Union Accounts				X								X							X							
Paine Webber RMA NY Money Fund			X							X							X									
Paine Webber RMA NY Money Fund			X							X							X									
PECO Energy Co. (Formerly Philadelphia Elec.)			X							X							X									
Puget Sound Power & Light			X							X							X									
Apple Bank Accounts			X									X					X									
Bank of New York Accounts					X							X						X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	GAP Inc. Stock	X			5-11-93	X						
	Occidental Petroleum Corp. Stock		X		5-11-93	X						
	Paine Webber Global Income Fund A	X			10-12-93	X						
	Kemper KIP Premier Govt. Fund		X		10-12-93	X						
	GAP Inc. Stock		X		11-18-93	X						
	Walt Disney Co. Convertible Bond		X		3-11-93	X						

This page may be copied if more space is required.

Name Rick A. Lazio | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
(A)	First Federal Savings of the Palm Beaches (Fully Indemnified)	Mortgage on 501 South Seas Drive - Jupiter Florida		X					
	Barbara Henry	Mortgage on 69 Holly Walk Drive Fair Harbor, NY			X				

(A) This mortgage is due on a property owned as tenants in common. Balance shown is at 100%.

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Institute Inc.	Feb. 25-27	Wash., DC-Princeton-Wash., DC	Y	Y	Y	N
	Jewish Community Relations Council-Fact Finding Tour	Dec. 26-Jan. 3	NYC-Israel-NYC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-93	Suffolk County Retirement Plan New York State Employee Retirement Syster	Presently all funds are not vested. Vesting can be attained if County or State service is resumed.

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

RICK LAZIO
2d DISTRICT, NEW YORK
COMMITTEE ON BANKING, FINANCE AND URBAN AFFAIRS
COMMITTEE ON THE BUDGET

Congress of the United States
House of Representatives
Washington, DC 20515-3202

WASHINGTON OFFICE
314 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3335

LONG ISLAND OFFICE
126 WEST MAIN STREET
BABYLON, NY 11702
(516) 893-9012

1994 MAY 26 PM 3:00
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
RECEIVED

May 26, 1994

HAND DELIVERED

Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

This letter amends my 1993 Financial Disclosure form. I inadvertently left out salary of $2,828.40 that I received from the County of Suffolk, Department of Audit and Control. This salary was paid to me in 1993 for services that I performed in the County Legislature in 1992.

Thank you for your assistance.

Yours truly,

Rick A. Lazio
Representative in Congress

RL:pm

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (13)

James A. Leach
2186 Rayburn House Office Building 202 225 6576
Washington, D.C. 20515

Filer Status	x	Iowa 1st		
Report Type				

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	xx	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		xx
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1 000 at the end of the period? **If yes, complete and attach Schedule III.**	xx	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		xx
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		xx
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		xx
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	xx	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	xx	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		xx

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		xx
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		xx

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: James A. Leach

DATE: 5/15/94

2158

Name	James A. Leach	Page 2 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	The Phillips Collection	spouse salary	$4,992.00
	(a private museum in Washington, D.C.)		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13, 14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	N.A.			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Adel Wholesalers									X	X														X		
	F.C.I. Inc.			X																							
	Leach Family Farms						X				X												X				
	Leach Realty				X																						
	Mehta Tech. Inc.								X				X									X					

For additional assets and unearned income, use next page.

2161

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Foxley Cattle									x														x			
	Foxley Real Estate Inc.				x																						
	W.C. Foxley Trust					x																					
	Oppenheimer		x											x			x										
	Adams Express		x																								
	Wyoming Mineral Rights			x								x							x								
	Lois Hill Leach Trust (see attachment									x																	
	James A. Leach Trust (see attachment									x																	
	Merrill Lynch CMA							x					x						x								
	Merrill Lynch Retirement Acct.				x																						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
The James A. Leach Trust includes stock only in closely held family corporations -- Adel Wholesalers, Leach Family Farms, Stampins, Inc. and Mehta Tech, Inc. -- which are of beneficial interest to Rep. Leach and his children. Values are reflected above. The Lois Hill Leach Trust includes the following which are of beneficial interest to the children of Rep. Leach and the children of Rep. Leach's deceased brother:																									
State University of Iowa Bond				x								x									x				
Cedar Rapids Iowa Bond				x								x								x					
Des Moines, Iowa Urban Renew Bond					x							x								x					
State University of Iowa Bond					x							x									x				
Iowa State University Bond					x							x									x				
Oxford Tax Exempt Fund Ltd. Prt.				x																					
JMB Inc. Properties				x																					
The Athena Fund LP			x																						
ML Techn. Vent LP				x																					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
	Attachment cont.	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
	Acuson, Corn				x																					
	Ameritech Corp.				x						x									x						
	AT&T				x						x								x							
	Am. Water Works			x							x								x							
	Bell Atlantic				x						x									x						
	Bell South			x							x								x							
	Boeing				x						x								x							
	Bristol Myers Squibb			x																						
	Domtar			x																						
	EMC Insur.				x						x									x						
	FPL Group			x							x								x							
	Fisher Price			x							x															
	General Electric			x																						
	GATX Corp.				x						x								x							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
	ATTACHMENT continued	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
	International Flavors and Fragrances			x																						purchased 1/15/93
	Iowa Illinois Gas and Electric			x							x								x							
	Kansas City Power and Light			x							x								x							
	Lee Enterprises				x						x								x							
	Mattel, Inc.			x							x							x								
	Merck and Co.			x																						P 1/15/93
	Nestle				x						X								x							
	NYNEX				x						x								x							
	Pacific Telesis				x						x									x						
	Quaker Oats				x						x								x							
	Regal Beloit				x						x								x							
	Sara Lee				x						x								x							
	Singapore Air Lines				x												x									
	Southwestern Bell				x						x									x						
	SYSCO Corp				x						x								x							
	TOYS R US				x																					
	US WEST Inc				x						x								x							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A Leach

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Attachment cont.																										
	ML Eurofund Class A				x												x										Purchase 8/93
	ML Techno Vent LP			x													x										Purchased 8/93
	MLH Income Realty Part.			x													x										Purchase 8/93
	UpJohn Co.			x							x								x								
	Templeton Foreign Fund					x					x									x							
	Woolworth Corp.			x																							
	The children of Rep. Leach hold separtelty the following publicly traded stocks:																										
	Air Wisconsin UAL Corp.			x							x									x							
	Domtar			x							x									x							
	GATX			x							x									x							
	Singapore Airlines			x							x									x							
	Midwest Resources Inc.			x							x									x							

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Name James A. Leach

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	General Electric	x			1-15-93	x						
	International Flavors and Fragrances	x			1-15-93	x						
	Merck and Co.	x			1-15-93	x						
	ML Eurofund Class A	x			8-8-93		x					

This page may be copied if more space is required.

Name James A. Leach | Page 12 of 13

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded $10,000.** For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	N.A.								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a **dependent child** from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N.A.		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	PGA	January 9	DC-NY (train) NY-DC Plane	n	Y	N	N
	U.S. Commission on Improving the Effectiveness of the U.N.	Jan 30-Feb.	2 L.A. - San Francisco (have letter)	yes	Y	N	N
	Princeton Rep. Conference	Feb 25-27	Wash. Pinceton, N.J. Wash	yes	Y	yes	N
	Twentieth Century Fund Williamsburg	April 24-25	Williamsburg, Va. Train one way-car back	yes	Y	Yes	N
	Iowa Independent Bankers Meeting	July 16-17	Cedar Rapids Iowa to Lake Okoboji-Davenport	yes	Y	No	N
	Ohio Bankers Associ. Columbus, Ohio	August 24	Davenport-Cleveland-Davenp.	yes	yes	No.	N
	Rotary Club of Des Moines	Sept. 1 and 2	Cedar Rapids-Des Moine, Iowa Des Moine-Washington, D.C.	yes	yes	No.	N
	20th Century, New York	Oct. 28/29	train - both ways	yes	yes	No.	N
	Kettering Foundations Dayton, Ohio	Dec. 3	D.C. Dayton, D.C.	no	yes	No.	N

This page may be copied if more space is required.

Name	James A. Leach	Page 13 of 13

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member of the Board (unpaid)	Woodrow Wilson School of Princeton University
Vice Chair of Board (unpaid)	Twentieth Century Fund (non-profit educational foundation)
Member of the Board (unpaid)	Iowa Wesleyan College
Chairman (unpaid)	Republican Mainstream Committee
Member of the Board (unpaid)	Johns Hopkins University (SAIS) Advisory Board
President (unpaid)	Parliamentarians for Global Action

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N.A.	

GPO 1984 75-884 (mac)

Use additional sheets if more space is required.

JAMES A. LEACH
1ST DISTRICT, IOWA

COMMITTEES
BANKING, FINANCE AND URBAN AFFAIRS
FOREIGN AFFAIRS

CONGRESS OF THE UNITED STATES

May 27, 1994

INSIDE Journal

The Honorable Donnald K. Anderson
Clerk
U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

I am writing to amend schedule III of my Financial Disclosure Statement for Calendar Year 1993.

Review of the report submitted on May 15, 1994, revealed that typographical errors had been on pages 6 and 9. In a total of eight places the amount of income indicated in block D was reported as one category higher than was in fact the case. Please remove the originally submitted pages 6 and 9 and substitute for them the enclosed amended pages 6 and 9.

Thank you for your attention to this matter.

Sincerely,

James A. Leach
Member of Congress

JL:bt

enclosure

OFFICES
2186 RAYBURN HOUSE OFFICE BLDG
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(202) 225-6576
Fax (202) 226-1278

209 WEST FOURTH STREET
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Fax (319) 326-5464

102 S. CLINTON, 505
IOWA CITY, IA 52240-4025
(319) 351-0789
Fax (319) 351-5789

Printed on recycled paper

Amended

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	C $15,001 – $50,000	E $100,001 – $250,000	G $500,001 – $1,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	BLOCK D Amount of Income: None	II $201 – $1,000	IV $2,501 – $5,000	VI $15,001 – $50,000	VIII $100,001 – $1,000,000	BLOCK E Transaction: P, S, E
	The James A. Leach Trust includes stock only in closely held family corporations - Adel Wholesalers, Leach Family Farms, Stampins, Inc. and Mehta Tech, Inc. -- which are of beneficial interest to Rep. Leach and his children, Values are reflected above, The Lois Hill Leach Trust includes the following ~~which are of beneficial interest to the children~~ of Rep. Leach and the children of Rep. Leach ~~deceased brother~~ :													
	State University of Iowa Bond		x				x				x			
	Cedar Rapids Iowa Bond		x				x			x				
	Des Moines, Iowa Urb'n Ren'l Bond			x			x			x				
	State Univ. of Iowa Bond			x			x				x			
	Iowa State Univ. Bond			x			x				x			
	Oxford Tax Exempt Fund Ltd. Prt.		x											
	JMB Inc. Properties		x											
	The Athena Fund LP	x												
	ML Techn. Vent. LP		x											

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Amended

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Leach

Page 9 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	C $15,001 – $50,000	E $100,001 – $250,000	G $500,001 – $1,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	BLOCK D Amount of Income: None	II $201 – $1,000	IV $2,501 – $5,000	VI $15,001 – $50,000	VIII $100,001 – $1,000,000	BLOCK E Transaction: P, S, E
	ML Eurofund Class A.		x						x					Purchased 8/93
	ML Techno V ht LP		x						x					Purchased 8/93
	MLH Income Realty Part.		x						x					Purchased 8/93
	UpJohn Co.		x			x				x				
	Templeton Foreign Fund			x		x					x			
	Woolworth Corp.		x											
	The children of Rep. Leach hold separately the following publicly traded stocks:													
	Air Wisconsin UAL Corp		x			x				x				
	Domtar		x			x				x				
	GATX		x			x				x				
	Singapore Airlines		x			x				x				
	Midwest Resourecs Inc.		x			x				x				

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JAMES A. LEACH
1ST DISTRICT, IOWA

COMMITTEES
BANKING, FINANCE AND URBAN AFFAIRS
FOREIGN AFFAIRS

CONGRESS OF THE UNITED STATES

June 21, 1994

1994 JUN 21 PM 3:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(3)

MC

The Honorable Donnald K. Anderson
Clerk
U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

I am writing to amend schedule III of my Financial Disclosure Statement for Calendar Year 1993.

Further review of the report submitted on May 15, 1994, reveals errors were made in the preparation of pages 5 and 6. On page 5, the type of income and the amount of income for the James A. Leach Trust was inadvertently omitted. On page 6, the entity "Stampings, Inc." was erroneously included as a holding of the James A. Leach Trust. It does not exist and had gone out of existence prior to calendar year 1993. Please remove the pages 5 and 6 currently in the report and substitute for them the enclosed amended pages 5 and 6.

Thank you for this service.

Sincerely,

James A. Leach
Member of Congress

JL:bt

enclosure

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

AMENDED

Name James A. Leach

HAND DELIVERED

Page 5 of 13

1994 JUN 21 PM 3:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Foxley Cattle									x														x			
	Foxley Real Estate Inc.				x																						
	W.C. Foxley Trust					x																					
	Oppenheimer		x											x			x										
	Adams Express		x																								
	~~Wyoming Mineral Rights~~			x								x							x								
	Lois Hill Leach Trust (see attachment									x																	
	James A. Leach Trust (see attachment)									x	x		x												x		
	Merrill Lynch CMA							x					x						x								
	Merrill Lynch Retirement Acct.				x																						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

AMENDED

Name James A. Leach

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	The James A. Leach Trust includes stock only in closely held family corporations -- Adel Wholesalers, Leach Family Farms, and Mehta Tech, Inc. -- which are of beneficial interest to Rep. Leach and his children. Values are reflected above. The Lois Hill Leach Trust includes the following which are of beneficial interest to the children of Rep. Leach and the children of Rep. Leach's deceased brother:																										
	State University of Iowa Bond				x								x								x						
	Cedar Rapids Iowa Bond				x								x							x							
	Des Moines, Iowa Urban Renew Bond					x							x							x							
	State University of Iowa Bond					x							x									x					
	Iowa State University Bond					x							x									x					
	Oxford Tax Exempt Fund Ltd. Prt.				x																						
	JMB Inc. Properties				x																						
	The Athena Fund LP			x																							
	ML Techn. Vent LP				x																						

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:20

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

RICHARD HENRY LEHMAN
(Full Name)

1226 LONGWORTH HOUSE OFFICE BUILDING, WASHINGTON, DC 20515
(Mailing Address)

Daytime Telephone
202-225-4540

Filer Status	[X] Member of the U.S. House of Representatives	State CA Distrct 19	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Richard H. Lehman

DATE (Month/Day/Year): May 12, 1994

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Name	Hon. Richard H. Lehman	Page 1 of 3

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Pipeline Dinner Group	Speech	March 2, 1993	$500.00

This page may be copied if more space is required.

Name Hon. Richard H. Lehman

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X			X			X								X								P
	123 Main St., Dover, Del.											X															
	1st Bank of Peoria, IL accounts					X							X							X							
	Wright Patman Congressional Federal Credit Union			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Electronics Industry Assn	Jan 10	Fresno, CA - Las Vegas, NV	N	N	N	N
	Edison Electric Institute	Jan 10-12	Las Vegas, NV - La Quinta, CA - Fresno, CA	Y	Y	N	N
	United Fresh Fruit & Vegetable Association	Feb 20-21	Fresno, CA - San Diego, CA - Fresno, CA	Y	Y	N	N
	Danny Thompson Memorial Golf Tournament/Leukemia Benefit	Aug 27-30	Fresno, CA - Sun Valley, ID - Fresno, CA	Y	Y	N	N
	CA Farm Bureau	Dec 4-5	Fresno, CA - Sparks, NV - Fresno, CA	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3: 19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (8)
(Office Use Only)

SANDER MARTIN LEVIN
(Full Name)
106 Cannon Building
(Mailing Address)
Washington, DC 20515
Daytime Telephone 202/225-4961

Filer Status	[X] Member of the U.S. House of Representatives	State Michigan District 12	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sander M. Levin

DATE (Month/Day/Year): May 16, 1994

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Name Sander Martin Levin	Page 2 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Victoria Levin, National Institute of Mental Health	Spouse Salary	$56,097.77

For payments to charity in lieu of honoraria, use Schedule II.

Name Sander Martin Levin | Page 3 of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock			X						X								X								P
			123 Main St., Dover, Del.						X				X										X					
			1st Bank of Peoria, IL accounts				X							X							X							
	IRA - Merrill Lynch				X													X										
	KEOGH - Merrill Lynch					X												X										
	Wright Patman Federal Credit Union				X									X						X								
	First Union				X									X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sander Martin Levin

Page 4 of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	1/2 interest in 78A; 1/6 interest in 18A, Tyrone Township, Michigan					X											X										
	Unimproved land (Lot 3), West Tisbury, Mass.						X										X										
	Unimproved land (Lot 4), West Tisbury, Mass.					X											X										P
	1/9 undivided interested in commercial real estate, West Maple, Birmingham, Michigan						X					X	X										X				
	5.3% interest in LNS Co., a general partnership owning mineral rights and accounts receivable in Michigan			X															X								Royalty
	5.3% interest in LRS Co., a general ~~partnership owning real estate in~~ Romulus and Pontiac Townships, ~~Michigan and accounts receivable~~			X														X									
	4.2% interest in Pleasantdale, a general partnership owning real estate in Pontiac Township, Michigan			X										X					X								
	Loan: Clark and Bonnie Barnes, Victoria Rd., Tyrone Township, Livingston County, Michigan			X																							

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Name Sander Martin Levin | Page 5 of

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Unimproved land (Lot 4), West Tisbury, Mass.	X			1/30/93			X				

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Name Sander Martin Levin | Page 6 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Martha's Vineyard Co-op Bank Lot 4 Vineyard Haven, Mass.	Mortgage on Lot 4, West Tisbury, Mass.			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Sander Martin Levin | Page 1 of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Urban Institute Children's Roundtable	Feb. 11-15	Detroit-Ft. Lauderdale-Detroit	Y	Y	Y	
	Economic Policy Institute Meetings on NAFTA	Mar. 4-5	Wash., DC-San Diego-Mexico-San Diego-Detroit	Y	Y	N	
	National Research Council National Academy of Sciences Congressional Dialogue	July 16-18	Wash., DC-Providence-Wash., DC	Y	Y	Y	

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Name	Sander Martin Levin	Page 8 of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	LNS Company, LRS Company, and Pleasantdale,Michigan (refer Schedule III)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RESOURCE MGMT.
1994 MAY 16 PM 12:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

David A. Levy
(Full Name)

547 Stanton Avenue
(Mailing Address)

Baldwin, New York 11510

Daytime Telephone (516) 872-9550

Filer Status	[XX] Member of the U.S. House of Representatives	State: NY District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 4, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Long Island Lighting Company	Spouse Salary	NA
	Noble Broadcast Group	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name David A. Levy

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Dreyfus NY Tax Exempt MM	X											X					X									S
	Dreyfus NY TE Bond Fund	X									X		X						X								S
	Dreyfus NY TE Insured Bond Fund				X						X		X						X								
	Prudential Muni NY MM Series			X									X					X									
	National Westminster Bank			X									X						X								
	Neuberger & Berman Selected Sectors			X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David A. Levy

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Paine Webber Retirement Fund*			x									x					x									
	FNMA Pool CLG 9235Z*	x											x					x									S
	Dreyfus New Leaders Fund*				x						x			x						x							P
	Dreyfus Liquid Assets*	x									x							x									S
	NYS DCP GIF** (formerly T.R. Price Guar Int Fund)			x									x						x								
	T.R. Price Equity Income Fund**			x							x		x						x								
	T.R. Price Growth Fund**	x									x		x				x										S
	Fidelity Magellan Fund**			x							x			x					x								P
	Dreyfus Growth & Income Fund*				x						x			x					x								P
	Nassau GOP Pension Trust	x									NOT APPLICABLE																distributed
	NYS Retirement System			x							NOT APPLICABLE																
S	Noble Broadcast 401K			x							NOT APPLICABLE																
	* under IRA plan																										
	** under Deferred Comp Plan																										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David A. Levy

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
	Minor children from a previous marriage and who do not reside with me have additional holdings of which I have no knowledge.																									

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SCHEDULE IV — TRANSACTIONS

Name David A. Levy | Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Nassau Republican Pension Trust	distributed			3/93		x					
	T.R. Price Growth Fund**		x		3/93	x						
	Fidelity Magellan Fund**	x			3/93	x						
	Dreyfus Liquid Assets		x		4-13-93	x						
	Dreyfus Growth & Income Fund*	x			4-13-93	x						
	Dreyfus Growth & Income Fund*	x			5-4-93	x						
	Dreyfus New Leaders Fund*	x			5-4-93	x						
	Dreyfus NY Tax Exempt Money Market Fund		x		7-6-93	x						
	Dreyfus NY Tax Exempt Bond Fund		x		7-6-93	x						
	FNMA Pool CLG 9235Z*		x		10-25-93	x						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	Aug. 23-30	NYC-Tel Aviv-NYC	Y	Y	Y	none

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 2:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

23

JERRY LEWIS
Full Name

2312 Rayburn House Office Bldg. (202) 225-5861
Mailing Address Telephone

Washington, D. C. 20515

Filer Status	[x] Member of the U.S. House of Representatives	State CA. District 40	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Note: A copy of Financial Disclosure Statement of spouse is attached hereto.

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jerry Lewis

DATE (Month/Day/Year): May 13, 1994

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Name	JERRY LEWIS	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Penn Mutual Life Insurance Co.	Commissions	$206.00

For payments to charity in lieu of honoraria, use Schedule II.

Name JERRY LEWIS

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Tobacco Institute - Legislative Conference	Panel Participant	Jan. 16, 1993	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JERRY LEWIS

Page 1 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X							X									P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X							X							
	631 Constitution Ave.,N.E. Washington, D.C. 20002								X			X											X				
	Fidelity Cash Reserves (IRA)	X											X						X								S
	Mill & D Sts.,San Bernardino,Ca. Acq.1964;sold on terms 1989				X									X								X					
	Lewis Family Trust-1/4 share (Copy attached)					X					Trust distributions											X					
	Odwalla,Inc. Common stock-15,000 shs.						X					NONE									NONE						P
	The Magnetic Partnership Two 7.4321% interest				X							NONE									NONE						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: JERRY LEWIS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; Over $1,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; Over $1,000,000	P, S, E
	2729 Riley Oaks Dr.,Las Vegas, NV.(step-daughter's residence)	D: x	RENT: NONE	IV: NONE	
	1120 1/2 C St.N.E.Wash.D.C.20002	E: x	INTEREST: x	VI: x	
	Congressional Federal Credit Union	C: x	INTEREST: x	IV: x	
	Transcorp Pension Services,Inc. (Self directed IRA) 2,500 shs. Odwalla-Rollover from Fidelity	C: x	INTEREST: NONE	IV: NONE	P
	Transcorp Pension Serv.Inc.Bal.	B: x	INTEREST: x	I: x	
	Parcel No. 13 as shown on Parcel Map No. 4416 recorded May 23, 1979 in Parcel Map Book No. 47 pages 65 and 66 in the office of the County Recorder of the County of San Bernardino, State of Ca.	C: x	INTEREST: NONE	IV: NONE	

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Name JERRY LEWIS | Page of

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Odwalla, Inc. Common Stock - 15,000 shs.	x			1-8-93			x				
	Fidelity Cash Reserves (IRA)		x		12-20-93		x					
	Transcorp Retirement Account(Self directed IRA) (1993 contribution)- Rollover - Fidality	x			12-16-93	x						
	Transcorp-Odwalla, Inc.Common Stock (2,500 shs) (IRA)- Rollover- Fidality	x			12-20-93		x					

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Name JERRY LEWIS

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities owed** to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	First Security Savings Bank (Refinanced) Columbia First Bank	Mortgage on 1120 1/2 C. St. N.E.,Wash. D.C. 20002			X				
	Standard Federal Savings American Savings Bank (refinanced)	Mortgage on 631 Constitution Ave.,N.E.,Wash. D.C. 20002					X		
	American Mortgage Co. Crossland Mortgage (refinanced)	Mortgage on 2729 Riley Oaks Dr.,LasVegas,NV.(step-daughter)			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	TOBACCO INSTITUTE	Jan.15-16	Redlands,Ca.-LaQuinta-Redlands	Y	Y	Y	N
	Rawlings Sporting Goods and Figgie International	Jan.19-Feb. 3	Wash.D,C.-Belize-El Salvador-Honduras-Wash. D.C.	Y	Y	N	N
	American Association of Airport Executives	Jan.9-14	Ontario-LAX-Kahului-Maui-Ontario	Y	Y	Y	N
	San Diego State University Foundation	Apr.5-6	Redlands,Ca.-San Diego Ca.-Redlands,Ca.	Y	Y	Y	N

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Name	JERRY LEWIS	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Loma Linda University Children's Hospital

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
July 1959	Penn Mutual Life Insurance Co.	Agent retirement plan--monthly life annuity beginning at age 65. A standard agent's insurance contract. Commissions are paid in conformity with N. Y. State law and ongoing fees paid for service to policyholder for life of contract.
1969	Legislators' Retirement System, State of California.	Public Employees Retirement System. Monthly life annuity beginning at age 60.

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Use additional sheets if more space is required.

CONTINUATION OF EDWARD R. LEWIS AND ELAINE L. LEWIS TRUST

The undersigned, Richard J. Lewis, Edward R. Lewis, Jr., C. Jeremy Lewis, and John C. Lewis are the vested sole beneficiaries of the Edward R. Lewis and Elaine L. Lewis Trust executed June 15, 1983, a copy of which is attached hereto. Following the deaths of Edward R. Lewis and Elaine L. Lewis, outright distribution has been made of some of the assets of this Trust, but the assets listed on Schedule A attached hereto continue to be held by C. Jeremy Lewis as Trustee of said Trust for the benefit of all of the undersigned.

The undersigned hereby agree that said property shall continue to be held, administered, and distributed by Trustee of said Trust in accordance with the provisions of said Trust as modified by this instrument.

1. Purpose. The purpose of this Trust as hereby extended shall be for Trustee to manage the assets of this Trust, collect all payments on obligations owed, divide and distribute the proceeds equally between us, liquidate all tangible assets of this Trust, and make distribution of the net proceeds to us.

2. Term. The term of this Trust shall be for so long as necessary to sell the real property and obtain complete payment on all notes and contracts which are the subject of this Trust, or for 10 years from the date of this instrument, whichever first occurs. At the expiration of this Trust, outright distribution shall be made by Trustee to the undersigned in equal shares, if all of them living, or to the successor beneficiaries of each of us as designated on the beneficiary designation of each, if any of us is not living at the time a distribution is to be made.

3. Beneficiary Designations. For so long as each of us are living, all distributions shall be made in equal shares to each of us, with Trustee holding such reserves as Trustee may deem appropriate for the management of the Trust estate. Upon the death of any of us prior to the termination of this Trust, the share of this Trust allocable to such deceased person and all distributions being made for such person shall be delivered to the beneficiaries designated for such person in accordance with the Beneficiary Designation of such deceased person delivered to Trustee. If no Beneficiary Designation has been executed by any of us at the time of the death of any of us or Trustee has not received the original of such Beneficiary Designation when a distribution is to be made, distribution of such deceased person's share shall be made without the need for any probate administration to the beneficiaries of such deceased person's last Will, or if there is no Will, to such deceased beneficiary's intestate heirs according to California's laws of intestate succession. If Trustee has any doubt as to the appropriate distribution to be made, Trustee may, in Trustee's sole discretion, make distribution to the estate of the one of us as to

whom the ambiguity exists or may petition the Court for instructions as to the appropriate distribution. Each of us may modify his Beneficiary Designation at any time by sending to Trustee a duly executed revision and, upon receipt of such change of Beneficiary Designation by Trustee, such change shall be effective.

3.1 Each of us shall be considered as the primary beneficiary of his share of this Trust, and the designated successor beneficiaries shall have no rights or powers concerning this Trust until the interests of such successor beneficiaries vest upon the death of one of us.

3.2 Notwithstanding anything set forth above, Trustee may, in Trustee's sole discretion, at any time elect to distribute all of the assets of this Trust in undivided shares equally between the four primary beneficiaries of the Trust; provided, however, if any of us is then deceased, the distribution of the share of such deceased one of us shall be made to the designated beneficiaries of such deceased person.

4. Additional modifications of Trust. This Trust may be amended at any time by written document executed by the four of us and may be revoked by written document executed by the four of us. It may not be amended or revoked in any other manner.

Executed effective December 1, 1989.

Richard J. Lewis

Edward R. Lewis, Jr.

C. Jeremy Lewis

John C. Lewis

Approved as to form:
GRESHAM, WARNER, SAVAGE, NOLAN & TILDEN

By: Philip M. Savage, III

All assets in the Edward R. and Elaine L. Lewis Trust dated June 15, 1983 remaining following outright distribution after the death of Edward R. Lewis on May 13, 1988, including but not limited to the following:

1. Note dated 5-18-78 in the amount of $11,933.14 by Mark E. Brandlin, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 5-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1034, in Book 9763, Page 1571. Reconveyed

2. Note dated 7-18-84 in the amount of $31,750.00 by Robert Bresnahan and Carolyn Bresnahan and Carolyn Bresnahan as joint tenants, and Rob Bresnahan, at 7% per annum, payments of $250.00 payable on the 18th day of each calendar month, commencing on 7-18-79, secured by deed of trust recorded 8-27-84 as Instrument 84-204415.

3. Note dated 9-1-78 in the amount of $23,245.00 by Gerald W. Bromley and Phyllis Bromley, joint tenants, at 7% per annum, payments of $175.00 payable on the 1st day of each calendar month, commencing 10-1-78, secured by deed of trust recorded 9-4-79 as Instrument 1035, in Book 9763, Page 1572.

4. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

5. Real property in San Bernardino County, CA, subject to contract for sale dated 10-26-81 for $32,000.00 by Earl D. Burdett.

6. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $60,000.00 by Glasscamp, Inc.

7. Real property in San Bernardino County, CA, subject to contract for sale dated 9-16-85 for $32,000.00 by Glasscamp, Inc.

8. Note dated 7-22-75 in the amount of $14,400.00 by Alan G. DeWeese and Margaret M. DeWeese, at 7% per annum, payments of $125.00 payable on the 23rd day of each calendar month, commencing 8-23-75, secured by deed of trust recorded 9-4-79 as Instrument 1031, in Book 9763, Page 1568. - Reconveyed

9. Note dated 9-24-80 in the amount of $12,575.00 by Edward W. Heber, Jr., and Judith A. Heber, at 7% per annum, payments of $125.00 payable on the 1st day of each calendar month, commencing on 10-1-80, secured by deed of trust recorded 1-19-81 as Instrument 81-012555.

10. Note dated 5-8-78 in the amount of $14,404.22 by James A. and Earleen K. Helm, at 7% per annum, payments of $125.00 payable on the 5th day of calendar month, commencing 6-5-78, secured by deed of trust recorded 9-4-79 as Instrument 1038, in Book 9763, Page 1575.

11. Real property in San Bernardino County, CA, subject to contract for sale dated 4-20-73 for $12,000.00 by Randy Don Hopkinson & Georgette M. Hopkinson. - Reconveyed

12. Note dated 12-24-84 in the amount of $31,750.00 by Sam J. Kahn and Betty L. Kahn as joint tenants, and Robert Craig Bennion and La Ree Bennion as joint tenants, at 7% per annum, payments of $250.00 payable on the 30th day of each calendar month, commencing on 6-30-77, secured by deed of trust recorded 1-2-85 as Instrument 85-000662.

13. Real property in San Bernardino County, CA, subject to contract for sale dated 6-13-79 for $32,000.00 by Carl E. Knauff, Peggy Knauff, Randy W. Roach, Barbara Roach, Stephen F. Jaurigue, Kathleen S. Jaurigue, Philippe J. Tatton, and Susan E. Tatton.

14. Note dated 4-2-84 in the amount of $15,775.00 by Harold E. Koenig, at 7% per annum, payments of $125.00 payable on the 15th day of each calendar month commencing on 9-25-76, secured by deed of trust recorded 5-17-84 as Instrument 84-116000.

15. Note dated 8-31-78 in the amount of $14,000.00 by Albert Lara, at 7% per annum, payments of $125.00 payable on the 30th day of each calendar month, commencing 9-30-78, secured by deed of trust recorded 9-20-79 as Instrument 1137, in Book 9775, Page 1620.

16. Real property in San Bernardino County, CA, subject to contract for sale dated 2-4-84 for $12,000.00 by Richard J. and Donna F. Lewis.

17. Real property in San Bernardino County, CA, subject to contract for sale dated 10-16-79 for $32,000.00 by Marilyn L. Mahan.

18. Note dated 4-1-84 in the amount of $23,600.00 by Michael B. Oliver and Sheila R. Oliver, joint tenants, at 7% per annum, payments of $175.00 payable on the 15th day of each calendar month, commencing on 7-15-77, secured by deed of trust recorded 5-17-84 as Instrument 84-116062.

19. Note by Harold J. Petty and Netty L. Petty at 7% per annum secured by deed of trust recorded as Instrument No. 913 on Dec. 19, 1979 in Book 9583, Page 1403.

20. Note dated 9-28-76 in the amount of $14,011.86 by Melvin L. Smith, Jr., and Marilyn A. Smith, joint tenants, at 7% per annum, payments of $125.00 payable on the 21st day of each calendar month, commencing on 10-21-76. Reconveyed

21. Real property in San Bernardino County, CA, subject to contract for sale dated 5-2-85 for $12,102.28 by Frances M. Stephenson and Austin Shrack.

22. Note dated 4-7-83 in the amount of $28,450.85 by Pauline R. Walton and Bobbie R. Skinner, at 7% per annum, payments of $250.00 payable on the 15th day of each calendar month, commencing 4-15-83, secured by deed of trust recorded 4-19-83 as Instrument 83-082026.

23. Real property in Los Angeles County, CA, subject to contract for sale dated 1-20-88 for $10,000.00 by Rommel Agee.

24. Lot 32 Area 43,608 sq. ft. in Block 265 as delineated on the map entitled Hawaiian Ocean View Estates which said map was filed in the Bureau of Conveyances of the State of Hawaii 4-5-62 as File Plan 787.

25. Improved real property situated in San Bernardino, CA, at 5328 Park Lane, described as: [illegible]

    Lot 2, Tract 5123 as per plat recorded in Book 62 of maps, page 23, records of San Bernardino County, Assessor's Parcel 154-051-37. - Sold in 1981

26. Improved real property situated in San Bernardino, CA, at 5634 Argyle Street, described as: - Sold in 1990

    Lot 29, Tract 5095 as per map recorded in Book 75 of Maps, pages 23-24 in the office of the County Recorder of San Bernardino County.

27. Pacific Savings Bank Account # 0535262-0 - Transferred to Ck. acct.

28. Franklin Fund - Sold in 199[illegible]
California Tax-Free Income Fund - Account No. 1120436 1724

29. Parcel No. 7 as shown on Parcel Map No. 4416 recorded May 23, 1979 in Parcel Map Book No. 47, pages 65 and 66 in the office of the County of San Bernardino, State of California. Quitclaimed to trust by Richard Lewis 9/17/91.

C. Jeremy Lewis

John C. Lewis

Edward R. Lewis

Richard J. Lewis

29. -

2/23/82 SALE OF MILL ST PROPERTY
PROJECTED RESULTS OF SALE

		TOTAL	1/4 LEWIS
SALES PRICE		$325,000.00	$81,250.00
BRODERICK AND ASSOC. COMM.-10%		($32,500.00)	($8,125.00)
		$292,500.00	$73,125.00
ESTIMATED ESCROW COSTS		($2,200.00)	($550.00)
NET SELLING PRICE		$290,300.00	$72,575.00
	INT. EQUIV.		
INTEREST INCOME			
FIRST YEAR-6%	9.00%	$14,193.94	$3,548.49
SECOND YEAR-7%	10.50%	$14,455.46	$3,613.87
THIRD YEAR-8%	12.00%	$14,017.28	$3,504.32
FOURTH YEAR-9%	13.50%	$12,792.43	$3,198.11
FIFTH YEAR-9%	13.50%	$9,577.94	$2,394.49
SIXTH YEAR-9%	13.50%	$6,061.89	$1,515.47
SEVENTH YEAR-9%	13.50%	$2,216.03	$554.01
		$73,314.97	$18,329.74
TOTAL TO BE RECEIVED		$363,614.97	$90,503.74

TIMING OF RECEIPTS:

AT CLOSE OF ESCROW:				
DOWN PAYMENT		$75,000.00		$18,750.00
NEG. FEE		($32,500.00)		($8,125.00)
ESCROW COSTS		($2,200.00)		($550.00)
		$40,300.00		$10,075.00
MONTHLY PAYMENTS: (PRINCIPAL AND INTEREST)	PER MONTH		PER MONTH	
FIRST YEAR-6%	$3,652.14	$43,825.68	$913.04	$10,956.42
SECOND YEAR-7%	$3,757.06	$45,084.72	$939.27	$11,271.18
THIRD YEAR-8%	$3,847.22	$46,166.64	$961.81	$11,541.66
FOURTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
FIFTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
SIXTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
SEVENTH YEAR-9%	$3,921.63	$47,059.56	$980.41	$11,764.89
		$363,615.28		$90,903.82

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

ARLENE M. WILLIS
(Full Name)

2312 Rayburn House Office Bldg.
(Mailing Address)

(202) 225-5861
Daytime Telephone

Washington, D. C. 20515

(Office Use Only)

Filer Status	[ ] Member of the U.S. House of Representatives	State District	[x] Officer or Employee	Employing Office: Jerry Lewis, M.C.
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Note: A copy of Financial Disclosure Statement of Spouse is attached hereto)

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, page 10-11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Arlene M. Willis

DATE (Month/Day/Year): May 13, 1994

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Name ARLENE M. WILLIS | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	ONLY THAT WHICH IS REPORTED ON FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

[illegible] source, activity (i.e., speech, appearance, or article), date, and amount of any payment made to charity in lieu of honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions page.

Source	Activity	Date	
Association of American Associations, Wash., D.C.	Speech	Feb. 1, 1990	
XYZ Magazine	Article	Aug. 12, 1990	
ONLY THAT WHICH IS REPORTED ON FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ARLENE M. WILLIS

Page 1 of 1

... and (b) any other ... income ... generated more than ... "unearned" income during the year. For rental ... or land, ... an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset ... of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

... specify the type of income by writing a brief description in this block.

... or income ...

BLOCK E — Transaction. Indicate if ... (S) ... exchanged (E) in reporting year.

SP, DC, JT	Asset / Income Source	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	Type of Income	Amount of Income	Transaction
Examples: SP	Mega Corp. Stock			X							P
	123 Main St., Dover, Del										
	1st Bank of Peoria, IL accounts										
	Fidelity Investments (IRA)	x							x	x	S
	Transcorp Pension Services Inc. (Self directed IRA) 2500 shs. Odwalla, Inc. - *Rollover Fidelity*			x					NONE	NONE	P
	Transcorp Pension Serv. Inc. Balance		x						x	x	P

ALL OTHER ITEMS AS SHOWN ON FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.

For additional assets and unearned income, use next page.

Name ARLENE M. WILLIS

Page 1 of 1

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: A $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000+
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	Odwalla, Inc. Common Stock - 15,000 shs.	x			1-8-93			x				
	Fidelity Cash Reserves (IRA)		x		12-20-93		x					
	Transcorp Retirement Account (Self directed IRA) (1993) contribution - Rollover	x			12-16-93	x						
	Transcorp Retirement Account-Odwalla, Inc. Common Stock (2,500 shs.) (IRA) Rollover	x			12-20-93		x					

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Name	ARLENE M. WILLIS	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities over $10,000 owed to any one creditor at *any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture or appliances; and liabilities to a spouse, or one child, parent or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP DC JT	Creditor	Type of Liability	B $15,001 – $50,000	C $50,001 – $100,000	D $100,001 – $250,000	E $250,001 – $500,000	F $500,001 – $1,000,000	G Over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.						
	ONLY THAT WHICH IS SET FORTH ON FINANCIAL DISCLOSURE							
	STATEMENT OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives; gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

EXCEPT FOR JAN. 19-FEB. 3 TRAVEL, ALL AS REPORTED ON FINANCIAL DISCLOSURE STATEMENT OF SPOUSE WHICH IS ATTACHED HERETO AND MADE A PART HEREOF BY REFERENCE.

This page may be copied if more space is required.

Name	ARLENE M. WILLIS	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mar)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 2:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC

8

John Lewis, Member of Congress

United States House of Representatives (202) 225-3801

Washington, D.C. 20515

Filer Status	[X] Member of Congress / House of Rep. [illegible] District GA 5	[ ] [illegible]	
Report Type	[X] Annual (May 15)	[ ] [illegible]	[ ] [illegible]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John Lewis

DATE (Month, Day, Year) May 12, 1994

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Clark Atlanta University; Atlanta, GA	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset									Block C: Type of Income						Block D: Amount of Income									Block E: Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP — Mega Corp Stock				X						X								X								P
	Examples: 123 Main St., Dover, Del							X				X										X					
	Examples: 1st Bank of Peona, IL accounts					X							X							X							
	None																										

For additional assets and unearned income, use next page.

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SCHEDULE IV — TRANSACTIONS

Name John Lewis

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	None											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Watts Street Baptist Church	Jan. 17	Atlanta-Raleigh-Atlanta	N	Y	N	N
	President's Conference	March 26-28	D.C.-Santa Barbara-D.C.	Y	Y	N	N
	Thomasville, GA NAACP	May 8-9	Atlanta-Thomasville-Atlanta	Y	Y	N	N
	Phi Beta Sigma Fraternity	August -8	D.C.-Raleigh-Atlanta	Y	Y	N	N
	American Israel Educational Foundation	June 1-6	Atlanta-New York-Israel - New York- D.C.	Y	Y	N	N
	United Jewish Appeal	July 19-20	Atlanta-Chicago-D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Wiley A. Branton Civil Liberties Foundation, Inc.
Board of Directors	Martin Luther King Center for Nonviolent Social Change, Inc.
Board of Directors	Friends of Vista, Inc.
Board of Directors	Robert F. Kennedy Memorial, Inc.
Board of Trustees	Stennis Center for Public Service
Board of Directors	Commission on Presidential Debates
President	Americans For Democratic Action

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

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[redacted] STATES HOUSE OF REPRESENTATIVES

[redacted] DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 JUN 15 PM 2:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Thomas F. (Tom) Lewis
(Full Name)

4400 PGA Boulevard
Palm Beach Gardens, FL 33410
(Mailing Address)

202-225-5792
Daytime Telephone
(407) 627-6192

[redacted]

[X] Member of the U S House of Representatives — State Florida District
[ ] Officer or Employee — Employing Office
[X] Annual (May 15)
[ ] Amendment
[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

[redacted] have "earned" income (e.g., salaries or fees) [redacted] from any source in the reporting period? [redacted] and attach Schedule I.	Yes [X]	No [ ]	Did you, your spouse, or a [redacted] report [redacted] gift in the [redacted] than $250 and not [redacted] If yes, complete and attach [redacted]	[ ] [X]
[redacted] or organization make a donation to charity in lieu [redacted] you for a speech, appearance, or article in the reporting [redacted] and attach Schedule II.	Yes [X]	No [ ]	Did you, your spouse, or a [redacted] reportable travel or [redacted] period have, more [redacted] If yes, complete and [redacted]	[X] [ ]
[redacted] your spouse, or a dependent child receive "unearned" [redacted] more than $200 in the reporting period or hold any [redacted] asset worth more than $1,000 at the end of the period? [redacted] and attach Schedule III.	Yes [X]	No [ ]	Did you or both [redacted] spouse or [redacted] [redacted] do, the [redacted] and [redacted] If yes, complete and attach [redacted]	[X] [ ]
[redacted] your spouse, or dependent child purchase, sell, or [redacted] any reportable asset worth more than $1,000 in the [redacted] period? [redacted] and attach Schedule IV.	Yes [X]	No [ ]	Did you have any [redacted] or outside employ? If yes, complete and attach [redacted]	[ ] [X]
[redacted] your spouse, or a dependent child have any reportable [redacted] than $10,000) during the reporting period? [redacted] and attach Schedule V.	Yes [X]	No [ ]	Each question [redacted] appropriate [redacted]	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

[redacted] "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and [redacted] other [redacted] you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instruct[redacted]	[ ]	[X]
[redacted] excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dep[redacted] exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

[redacted] Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person [redacted] and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or wilf[redacted] and wilfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom Lewis

DATE (Month/Day/Year): 6/15/94

Name	Thomas (Tom) Lewis	Page 2 of [illegible]

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's business [illegible]) during the preceding calendar year. For a spouse, list the source and amount of any honoraria [illegible] exceeding $1,000. For further information, see instructions, pages 12-13.

Source		
Johns Hopkins University State of Maryland Civil War Roundtable (Oct. 2nd) Fairfax County Board of Education		
Sargent at Arms U.S. House of Representatives, Washington, D.C.	Salary as Member of Congress	131,032
CT General Life Insurance, Hartford, CT	Pension	2,242
FL Department of Administration, Tallahassee, FL	Pension	4,112
Earned by Spouse:		
U.S. Treasury Dept.	Social Security	

For payments to charity in lieu of honoraria, use Schedule II.

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Name	Thomas F. (Tom) Lewis	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

[illegible] activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an [illegible] honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee [illegible] for transmitting the list is included in each [illegible] filing package. For further information, see instructions [illegible]

Source	Activity	Date	Amount
[illegible] of American Associations, Wash., D.C.	Speech	[illegible]	[illegible]
[illegible]	Article	[illegible]	[illegible]
Food Marketing Institute	Speech	3/13/93	$150.00
Tobacco Institute	Panel	1/13-1/17/93	$2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas F. (Tom) Lewis

Page 4 of 12

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Condo, Unit Chez Sois, Tall. FL					X						X										X					
SP	Real Estate Lot N. Palm Beach, FL						X										X										
JT	Townhouse, Tallahassee, FL (sold 93)													X								X					X S
JT	Lot, Residential Inv.			X													X										
JT	15 Acres Swannee Co. FL			X													X										
	Equity Membership																										
JT	Bear Lakes, West Palm Beach, FL			X													X										
JT	50% Int. Military Trail Comm. Prop. Lake Worth					X						X										X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name Thomas F. (Tom) Lewis

JT	$10,000 Face Alaska Pipeline			X									X						X								
JT	$ 5,000 Face Pueblo Co. 7%			X									X						X								
JT	Mortgage - Kidd			X									X						X								
SP	200 Shares Sun Bank			X							X							X									
JT	Mortgage - ~~Max~~ Holland				X								X							X							
SP	500 Shares Palm Beach Lakes Bank			X							X						X										
SP	500 Sh. ~~Marian V. Lewis Realtors~~		X														X										
SP	Dean Witter/Sears Liq. Asset Fd.			X									X						X								
JT	Dean Witter/Sears Liq. Asset Fd.					X							X								X						
SP	Smith Barney Shearson						X				X										X						
JT	Mortgage - Warner Mintin			X									X	X													
JT	Mortgage - Jose' I. Rodriquez				X								X							X							
JT	Mortgage - Dr. William Gerberich						X						X									X					
	Rentals																										
JT	1081 Ocean Drive, Juno Beach, FL					X						X										X					
JT	(3) Condo. Office, 721 U.S. Hwy 1 NPB						X					X											X				
JT	50% Interest Comm. prop. U.S. Hwy 1					X						X											X				
JT	(2) Apts. Forest Hills, NC (sold 93)											X									X						X 5
JT	Tri-Plex 1316 18 20 Rumba Lane, FL					X						X										X					

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SCHEDULE IV — TRANSACTIONS

Name Thomas F. (Tom) Lewis

Page 6 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages [illegible]

SP, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock				10-12-93		X					
JT	Unit #7 Bldg. B, Forest Hills Townhse. Cullowhee, NC		X		07-01-93		X					
JT	Unit #3 Bldg. B, Forest Hills Townhse. Cullowhee, NC		X		01-25-93		X					
JT	1008-3 Holland Dr. Tallahassee, FL		X		01-04-93			X				

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Name Thomas F. (Tom) Lewis | Page 7 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

[redacted]

SP	Enterprise National Bank - Bk Acct.		X		X		X		
SP	Sun Bank (Formerly Flagler)	X			X	X			
JT	Frances S. Stokesberry, Mgt.			X	X			X	
JT	Cong. Federal Credit Union		X		X		X		
JT	Parker & Parsley		X		X		X		
JT	Hallwood Energy Partners (was Apache)	X			X	X			
SP	Silver Screen Partners (1 Unit)	X			X	X			

For additional assets and unearned income, use next page.

Name Thomas F. (Tom) Lewis

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SCHEDULE V — LIABILITIES

[illegible] over $10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed [illegible] Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and [illegible] relative, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts only if the balance at the end of the reporting period [illegible] For further information, see Instructions, pages 21–22.

	Creditor	Type of Liability	Amount of Liability: [illegible]	C $10,001–[illegible]	D $100,001–[illegible]	E $1,000,001–[illegible]		
	[illegible] Bank of Wilmington, Delaware	Mortgage on 128 Main St., Dover, Del.						
JT	Fidelity Federal Savings & Loan WPB. FL	Condo Office 721 U.S. Hwy 1, NPB	X					
JT	Community Federal S&L Riviera Beach, FL	Condo Office 721 U.S. Hwy 1, NPB		X				
JT	Mrs. F. Langston, Tallahassee, FL	2nd Mtg. Tri-Plex Rumba Ln. Tall,FL		X				
JT	Foster Mortgage (formerly) Sun Federal Savings & Loan Tallahassee, FL	Mtg. Tri-Plex Rumba Ln. Tall, FL			X			
JT	Foster Mortgage (formerly) Sun Federal Savings & Loan Tallahassee, FL	Mtg. Chez Sois Condo, Tall, FL			X			

SCHEDULE VI — GIFTS

[illegible] description, and the value of all gifts totaling more than $250 received by you, your spouse, or a [illegible] Gifts from relatives, gifts of personal hospitality of an individual, food, meals, and gifts to a spouse or dependent [illegible] of you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

[illegible] AS, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

[illegible]	Donors	Description	[illegible]
	[illegible]th, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	[illegible]
	None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Example:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Example:	Mega Corporation	Aug. 8–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Tobacco Institute	1/13-1/17	West Palm Beach,FL - Palm Springs,CA-WPB,FL	Y	Y	Y	N
	Congressional Institute	2/25-2/27	Washington, D.C. - Princeton, N.J. - Wash,DC	Y	Y	Y	N
	Utility State Government Org	7/17-7/19	Washington, D.C. - Cooperstown,N.Y.-Wash, DC	Y	Y	Y	N
	Florida Power & Light	7/10-7/13	Washington, D.C. - Baltimore,MD - Wash, DC	Y	Y	Y	N
	American Sugar Alliance	8/13-8/18	West Palm Beach,FL- Reno, NV - WPB, FL	Y	Y	Y	N
	Utah Congressional Challenge	8/21-8/24	WPB,FL - Salt Lake City,UT- Sun Valley, ID	Y	Y	Y	N
	Danny Thompson Memorial Tourney	8/25-9/5	Sun Valley, ID - SLC, UT - Seattle,WA - WPB, FL	Y	Y	Y	6 days

This page may be copied if more space is required.

Name	Thomas F. (Tom) Lewis	Page 10 of 10

SCHEDULE VIII — POSITIONS

[illegible] compensated or uncompensated, held during the [illegible] calendar year as an officer, director, trustee of any organization, partner, [illegible], employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor [illegible] educational or other institution other than the United States. For further information, see instructions, page 10 of 10.

[illegible] in any religious, social, fraternal, or political [illegible] positions solely of an honorary nature and positions held in the Government.

[illegible]	Name of Organization
Vice President	Marian V. Lewis, Inc.
Executive Committee	Republican Party of Florida

SCHEDULE IX — AGREEMENTS

[illegible] to, and general terms of any agreement or arrangement [illegible] compensation or deferral of payments by a former or current employer other than [illegible] plan maintained by a [illegible] employer. For further information, see [illegible]

[illegible]	Parties To	[illegible]
	None	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:21

HAND DELIVERED

(Office Use Only)

Jim Ross Lightfoot
(Full Name)

2444 Rayburn, Washington, D.C. 20515
(Mailing Address)

202-225-3806
Daytime telephone

Filer Status	[x] Member of the U S House of Representatives	State Iowa District Third	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** see Sched. IV (attached)	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 16, 1994

2237

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
Merri Widow - Shenandoah, Iowa	Spouse Business inc.	NA
People For Lightfoot - Shenandoah, Iowa	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $200 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X																P
DC	123 Main St., Dover, Del.																										
JT	1st Bank of Peoria, IL accounts					X							X														
JT	Ross' Zesto Shop - Shenandoah				x						Business inc						x	(Gross and Net)									
JT	Merri Widow Store - Shenandoah					x					Business inc						x	(Net)							x	(Gross)	
	Apple Computer Stock			x							x							x									
	Baker International Stock		x								x								x								
	Treynor State Bank IRA, Treynor		x										x					x									

For additional assets and unearned income, use next page.

Name Jim Ross Lightfoot | Page 4 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	GMAC Capital Corporation Account		x		06-05-92	x	(listed on 1993 Financial Disclosure Statement in error)					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Security Savings and Loan - Shenandoah	Business Loan		x					
JT	First National Bank - Farragut, Iowa	Business Loan	x						
JT	Congressional Federal Credit Union	Personal Loan	x						
JT	Houghton State Bank - Red Oak, Iowa	Business Loan	x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Vision 2047 Foundation/ Far East Studies Inst.	1993 Jan.10-17	Wash. D.C - Hong Kong - South China - Wash.D.C	Y	Y	Y	N
	American Medical Assoc.	Feb. 19-21	Wash.D.C. - Miami - Wash.D.C	Y	Y	Y	N
	Congressional Institute	Feb. 25-27	Wash.D.C. - Princeton, N.J. - Wash.D.C	Y	Y	Y	N
	Nevada Physicians' Caucus	Mar. 12-13	Wash.D.C. - Las Vegas - Wash.D.C.	Y	Y	Y	N
	Amer. Soc. of Dermatologists	Oct. 2	Omaha - Chicago - Omaha	N	N	Y	N

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2242

Name	Jim Ross Lightfoot	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Ross' Zesto Shop - Shenandoah
Partner	Merri Widow - Shenandoah

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 12 AM 11:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

6

John Elmer Linder
(Full Name)

Post Office Box 450205, Atlanta, GA 31145
(Mailing Address)

(202) 225-4272
(Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State GA District 04	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Linder

DATE (Month/Day/Year): 5-12-94

2244

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Linder Financial Corporation	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: John Linder

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X															
JT	1st Bank of Peoria, IL accounts					X							X														
	Linder Financial Corporation									X	X														X		
	Linder Financial Corporation									X			X									X					
	Professional Funding Corporation						X				X												X				
	Grayling Industries, Inc.								X								X										
	Profit Sharing (Orkin & Caldwell)								X								X										
	Profit Sharing (Orkin & Caldwell)					X											X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Linder

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
S	Cedarwild Resort							X				X												X		
JT	Crestmark, Ltd. Partnership (34.98 acre tract on Thornbon Rd, AT, GA)				X												X									
	Trademark Licensing, Inc. (owns trademarks)				X						X										X					
	IRA (divided among Dodge &Cox, Nichols Fund, IAI Fund, Janus fund)				X												X									
S	IRA Fund (divided among Dodge & Cox, Nichols Fund, IAI Fund, Janus Fund)				X												X									

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2247

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Institute	Feb 25-26	Wash, DC - Princeton NJ-DC	Y	Y	Y	none
	AIPAC	Aug 23-30	ATL-TelAviv-ATL	Y	Y	N	none
	Assoc. General Contractors	Nov 6	ATL-Ponte Vedra-ATL	N	Y	Y	none

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Crestmark Partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 - 5 884 (rev.)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

William O. Lipinski
(Full Name)

6242 West 59th Street
Chicago, Illinois 60638
(Mailing Address)

202-225-5701
Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State Illinois District 03	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William O. Lipinski

DATE (Month/Day/Year) May 13, 1994

2250

Name William O. Lipinski	Page [redacted] of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Rose Marie Partners	Building Management	$2400
	23rd Ward Committeeman	Chairman, Local Democratic Party	$6,000
	William Hart Ltd.	Spouse Salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

Name William O. Lipinski | Pa[redacted]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	Rose Marie Partners Building						X					X									X						
	5838 South Archer Avenue Chicago, Illinois Cook County																										
JT	Standard Federal S & L Accounts				X								X								X						
JT	Polish National Alliance		X										X					X									
JT	Archer Heights Credit Union		X										X					X									
	Chicago Park District Retirement Fund				X								na				X										

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William O. Lipinski

Page [redacted] of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
s	IRA - Superior Bank				x								x						x								
	IRA - Superior Bank				x								x						x								
	Keogh Plan - Standard Federal Savings			x																							

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SCHEDULE IV — TRANSACTIONS

Name William O. Lipinski

Page [redacted]

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Vical Inc.	X			3-28-93	X						

This page may be copied if more space is required.

Name William O. Lipinski | Pa[redacted]

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts*** only if the balance at the end of the reporting period **exceeded $10,000.** For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Aegon USA	Mortgage on 5838 South Archer Avenue in Chicago		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name William O. Lipinski | Pa[redacted]

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	July 8-12	Chicago-Jackson Hole, WY-Chicago	Y	Y	Y	1 day
	Aspen Institute	August22-27	Washington, D.C. - Warsaw-Washington, D.C.	Y	Y	Y	N

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Name	William O. Lipinski	Page [redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
23rd Ward Committeeman	23rd Ward Democratic Party Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
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(Office Use Only)

10

Robert L. Livingston
(Full Name)

2368 Rayburn House Office Building (202) 225-3015
(Mailing Address) (Business Telephone)

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Louisiana District 1	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bob Livingston

DATE (Month/Day/Year): 5/12/94

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		0

For payments to charity in lieu of honoraria, use Schedule II.

Name	Robert L. Livingston	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Capitol Forum, Washington, D.C.	Speech	Aug. 4, 1993	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction: P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	2 personal homes (excluded - 2 mortgages refinanced for college, home repair & investment)																										
JT	IRA - Waters Parkerson					X							N/A														X
JT	1/3 interest in lot in Lacombe, LA.			X													X										
S	Wife's Louisiana Bankshares*			X									X					X									
	3/4 acre, Pointe Coupee, LA*																										
S	wife's 1/5 mineral interest Raceland, Louisiana			X								X								X							
S	wife's 6 acres farmland*				X							X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert L. Livingston

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	1/4 ownership 25 acres, Pt. Coupee, LA			X																							X
DC	Trust for Children (wife's assets constitute corpus of trust for children)																										
JT	Merrico Oil Ltd. Partnership			X													x										
JT	Home repair accounts) WP Congressional Credit Union				x								x						x								
JT	Rhea - Ratite			X													x										
JT	1/7 Condo Trust, Washington DC			x													x										
JT	5% Ltd. Partnership Comm. Building, Washington, DC				x								x							x							x
JT	Vanguard Mutual Funds			x							x			x					x								x
JT	United Services Funds				x						x								x								x
JT	Ed. Jones & Co. - CMA Account**			x									x					x									x
**	Royal Oak Mines					x											x										x
**	Campbell Resources			x													x										x
**	Sunshine Mining			x													x										x

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	Vanguard Mutual Funds	x			1/5/93		x					
JT	Vanguard Mutual Funds (Misc. Trades)			x	1/5-12/31		x					
JT	Vanguard Mutual Funds		x		12/16/93		x					
JT	United Services Mutual Funds (Proceeds from Vanguard)	x			12/16/93		x					
JT	5% Ltd. Partnership, Commercial Building Washington, D.C.	x			7/26/93		x					
S	wife's 1/4 ownership, 25 acres, Pt. Coupee LA (gift from parent)				7/1/93	x	(excluded)					
JT	Ed. Jones & Company Account**											
	- Sunshine Mining Co.	x	x		4/27-7/21	x						
	- Philip Morris, Inc.	x	x		8/19-8/26	x						
	- Microsoft, Inc.	x	x		8/2-8/13	x						
	- IBM	x	x		12/28/92-6/93	x						
	- Intel	x	x		8/17-8/26	x						
	- Homestake Mining	x	x		4/26-7/22	x						
	- Freeport McMoRan Resources Ltd. P.	x	x		9/2-10/21	x						
	- Freeport McMoRan C&G	x	x		5/19, 5/27 - 7/22	x						
	- EZ Corp.	x	x		7/20-8/26	x						
	- Royal Oak Mines	x			10/21,11/15 11/17		x					

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SCHEDULE IV — TRANSACTIONS

Asset	Type of Transaction			Date	Amount of Transaction						
		SALE		MM/DD/YY	C $15,001 - $50,000	D				G $500,001 - $1,000,000	
Example: Mega Corp. Common Stock					X						
- Campbell Resources	x			12/8/93	x						
- Sunshine Mining	x			11/5/93	x						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	2 home mortgages - Refinanced for college, investment & repair (exluded)				N/A				
JT	Ed. Jones & Co. (Brokerage)	Margin Account		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Institute	Feb. 25-27	Washington, D.C.- Princeton - Wash. D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Center for Democracy (Non-profit foreign policy institute)
Director	International Republican Institute (non-profit foreign policy institute

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	none	

GPO 1994 75-684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:31
HAND DELIVERED
(Office Use Only)

Marilyn L. Lloyd
(Full Name)

Room 2406 Rayburn House Office Building
(Mailing Address)

202 225 3271
(Daytime Telephone)

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Tennessee District 3	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Marilyn L. Lloyd

DATE (Month/Day/Year) 5/13/94

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Marilyn L. Lloyd

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	American International Group, Inc.-Common Stock			X							X							X									
	Bristol Myers Squibb Co. - Common Stock				X						X								X								
	General Mills-Common Stock				X						X								X								
	Halliburton Co.-Common Stock			X							X								X								
	Panhandle Eastern-Common Stock			X							X								X								
	Pepsico-Common Stock				X						X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marilyn L. Lloyd

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	R.R. Donnelley & Sons, Co. - Common Stock				X						X								X								
	Tyco Laboratories-Common Stock				X						X							X									
	Time Warner Conv. Prefd Stock		X								X			X						X							E
	Masco Corp. Sub. Conv. Deb. 5.25%				X								X	X								X					
	Browning-Ferris Ind.-Conv. Deb. 6.25%				X								X							X							
	Metro Nash Dav. Co. Municipal Bonds 7.125%				X								X							X							
	U.S. Treasury Notes		X										X	X								X					S
	Metropolitan Life Insurance-Annuity				X								X							X							
	Merrill Lynch CMA Fund Money Fund			X									X						X								
	Merrill Lynch CMA Fund IRA-Money Fund		X										X					X									
	Congressional Federal Credit Union		X										X					X									
	Montana Power Co.-Common Stock IRA		X								X			X						X							S
	Proctor & Gamble-Common Stock IRA		X								X			X					X								S
	AmSouth-Common Stock			X							X								X								
	Chrysler Corp.-Common Stock		X								X			X							X						S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marilyn L. Lloyd

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	E.I. Dupont DeNemours-Common Stk			X							X								X								
	PPG Industries-Common Stock				X						X								X								
	Weyerhaeuser Co-Common Stock			X							X								X								
	Mexico Fund-Mutual Fund				X						X			X					X								
	Allstate Corp.-Common Stock			X							X							X									P
	Glaxo Holdings PLC-Common Stock			X							X							X									P
	Hillhaven CP-Common Stock			X							X							X									P
	Johnson & Johnson-Common Stock			X							X							X									P
	Roberts Pharmaceutical Corp.-Common Stock			X							X							X									P
	Time Warner Inc. Conv. Deb. 8.75%			X									X						X								E
	Anderson Co. TN Gen. Ob. Municipal Bonds 5.7%				X								X						X								P
	Roberts Pharmaceutical Common Stock-IRA			X							X							X									P
	Congressional Federal Cr Union IRA			X							X									X							

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SCHEDULE IV — TRANSACTIONS

Name Marilyn L. Lloyd

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Allstate Corp.-Common Stock	X			8/2/93	X						
	Glaxo Holdings PLC-Common Stock	X			5/4/93	X						
	Hilhaven Corp.-Common Stock	X			8/2/93	X						
	Johnson & Johnson-Common Stock	X			5/4/93	X						
	Mexico Fund-Mutual Fund	X			1/29/93	X						
	Roberts Pharmaceutical-Common Stock	X			11/1/93	X						
	Mexico Fund-Mutual Fund	X			9/1/93	X						
	Time Warner, Inc. Conv. Deb.			X	4/1/93		X					
	Anderson Co. TN Gen. Ob. Municipal Bond - 5.7%	X			5/19/93		X					
	Chrysler Corp. Common Stock		X		1/27/93	X						
	Time Warner Conv. Pfd. Stock			X	4/1/93		X					
	Masco Corp. Sub. Conv. Deb.		X		5/4/93	X						
	Time Warner, Inc. Conv. Deb.		X		7/12/93	X						
	U.S. Treasuery Note 8.5 %		X		4/27/93		X					
	Roberts Pharmaceutical-Common Stock-IRA	X			11/2/93	X						
	Montana Power Co.-Common Stock-IRA		X		11/2/93	X						
	Mexico Fund-Mutual Fund	X			8/12/93	X						

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SCHEDULE IV — TRANSACTIONS

Name Marilyn L. Lloyd

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Proctor & Gamble-Common Stock-IRA		X		11/2/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

WILLIAM ROBERT FOWLER - SPOUSE OF MARILYN LLOYD
(Full Name)

6854 HOWARD ADAIR ROAD, CHATTANOOGA, TENNESSEE 37416 (615) 344-1318
(Mailing Address) Daytime Telephone

(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State TN District 3RD	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William R. Fowler

DATE (Month/Day/Year) May 12, 1994

WILLIAM ROBERT FOWLER, SPOUSE

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. ARMY	SPOUSE SALARY	4,946
	STATE OF TENNESSEE	SPOUSE SALARY	1,027

For payments to charity in lieu of honoraria, use Schedule II

Name WILLIAM ROBERT FOWLER-SPOUSE	Page of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM ROBERT FOWLER-SPOUSE | Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	RETIREMENT ACCOUNT									X	N/A																
	CASH VALUE OF LIFE INSURANCE							X			N/A																
	RESIDENCE - CHATTANOOGA, TN								X		N/A																
	CONDOMINIUM, FLORIDA								X		N/A																
	AMSOUTH BANKCORP COMMON STOCK							X			X											X					
	SARAH LEE CORP. COMMON STOCK			X							X								X								
	LAND AND COMMERCIAL BUILDING 1/2 INT.						X					X											X				
	SCHERING PLOUGH CORP. COMMON STOCK							X			X											X					
	FORD MOTOR COMPANY COMMON STOCK			X							X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name WILLIAM ROBERT FOWLER-SPOUSE | Page of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp Stock				X					X								X								P
			123 Main St., Dover, Del.						X				X										X					
			1st Bank of Peoria, IL accounts				X							X							X							
	CASH PIONEER BANK									X				X										X				
	M.F. SUN LIFE ANNUITY								X																			
	CEM CORP. COMMON STOCK					X						X						X										
	PIONEER BANCSHARES, INC.						X					X										X						
	WILSON COUNTY, TN BONDS						X							X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM ROBERT FOWLER-SPOUSE | Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	CRACKER BARREL OLD COUNTRY STOCK				X						X							X									
	ROBERTS PHARMACEUTICAL COMMON STOCK								X		X						X										
	R. S. FINANCIAL CORP. COMMON STOCK				X						X								X								
	INFORMIX CORP. COMMON STOCK			X							X						X										
	TENNESSEE MUNICIPAL BOND FUND							X					X	X								X					
	BOEING COMPANY COMMON STOCK			X							X									X							
	CEM CORPORATION COMMON STOCK				X						X						X										
	HEALTH TRUST, INC. COMMON STOCK					X					X																
	HOME DEPOT, INC. COMMON STOCK				X						X							X									
	J & L SPECIALTY STEEL, INC. COM STK			X							X						X										
	MIDATLANTIC CORP. COMMON STOCK			X							X						X										
	PHILIP MORRIS CO. INC. COMMON STK				X						X								X								
	R J NABISCO HOLD. CORP. COMMON STK				X						X						X										
	U.S. HEALTH CARE CORP, INC. COM STK				X						X								X								
	WALGREEN CO.				X						X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM ROBERT FOWLER-SPOUSE | Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	WEYERHAEUSER CO.				X						X							X									
	CMA MONEY FUND				X						X								X								

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SCHEDULE IV — TRANSACTIONS

Name WILLIAM ROBERT FOWLER-SPOUSE | Page of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	BROCK CANDY CO. COMMON STOCK		X		12-15-93	X						
	KRYSTAL COMPANY COMMON STOCK		X		12-15-93		X					
	WAL-MART, INC. COMMON STOCK		X		12-13-93		X					
	CARRIAGE INDUSTRIES, INC. COMMON STOCK		X		1-7-93	X						
	I C H C P COMMON STOCK		X		2-12-93		X					
	C & H CORP. COMMON STOCK		X		10-18-93		X					
	GLAXO HOLDING COMMON STOCK		X		12-15-93	X						
	AMERICAN RUG COMMON STOCK		X		4-25-93							X
	HEALTH STREAM COMMON STOCK		X		9-3-93		X					
	MED CARE COMMON STOCK		X		12-15-93		X					
	BOEING CO. COMMON STOCK		X		11-3-93		X					
	BAYPORT RESTAURANT COMMON STOCK		X		12-15-93	X						
	TENNESSEE MUNICIPAL BOND FUND	X			1993						X	
	U.S. HEALTH CARE CORP. COMMON STOCK	X			3-24-93		X					
	WALGREEN CO. COMMON STOCK	X			9-20-93		X					
	WEYERHAUSER CO. COMMON STOCK	X			8-17-93		X					
	HEALTHTRUST, INC.	X			6-25-93			X				

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name WILLIAM ROBERT FOWLER-SPOUSE | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	HOME DEPOT, INC. COMMON STOCK	X			9-27-93		X					
	J & L SPECIALTY STEEL, INC. COMMON STOCK	X			12-14-93	X						
	MIDATLANTIC CORP. COMMON STOCK	X			9-1-93	X						
	PHILIP MORRIS CO., INC. COMMON STOCK	X			8-17-93		X					
	R J R NABISCO HOLD. CORP. COMMON STOCK	X			11-16-93		X					
	CHARLOTTE, NC BONDS		X		1/4/93		X					
	METROPOLITAN GVT. NASHVL. BOND		X		7-2-93		X					

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Name WILLIAM ROBERT FOWLER - SPOUSE | Page of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability						
				B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	WILLIAM ROBERT FOWLER - SPOUSE	Page	of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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Name	WILLIAM ROBERT FOWLER, SPOUSE	Page	of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	ROBERTS PHARMACEUTICAL CO.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 PM 3:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED MC

(4)

Jill Lynette Long
1513 Longworth House Office Building
Washington, D.C. 20515
202-225-4436

Filer Status	[x] Member of the U.S. House of Representatives	IN 4	[ ]
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jill Lynette Long

DATE (Month, Day, Year): 5-12-94

2291

Name Jill Lynette Long

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	U.S. Savings Bonds			X																							
	U.S. Savings Bonds			X																							
	80-acre farm 6439 West 900 North Larwill, IN 46764						X										X										

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Society Bank of Goshen, Indiana	Mortgage on 6439 West 900 North		X					
	NBD Bank	Mortgage on 6439 West 900 North		X					
	Bank of Geneva, Indiana	Mortgage on 81 acres, Sec. 18 Twp 33, Rng. 8, Noble Co., IN			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Dean's Advisory Council	College of Business Administration, Valparaiso University, Valparaiso, IN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

2294

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12:42

HAND DELIVERED

(Office Use Only)

NITA M. LOWEY
(Full Name)

105 BEVERLY ROAD
RYE, NY 10580
(Mailing Address)

(914) 428-1707
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: New York District: 18	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Nita M. Lowey **DATE** (Month/Day/Year) 5/12/94

2295

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	LOWEY DANNENBERG BEMPORAD & SELINGER, P.C.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	CITIBANK, N.A.			X									X							X							
JT	CHEMICAL BANK			X									X						X								
JT	CITIBANK LANDMARK FUND								X		X											X					
JT	US TREASURY NOTES AND BILLS									X			X												X		
	US TREASURY NOTES AND BILLS	X											X									X					
	ALBANY COUNTY NY BONDS				X								X						X								

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	UNEARNED BLOCK TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	MTA NY BONDS				X								X							X							
	MAC NY BONDS				X								X							X							
	NASSAU COUNTY NY BONDS				X								X							X							
	NYS POWER AUTHORITY BONDS				X								X							X							
	TRIBOROUGH BRIDGE & TUNNEL BONDS	X											X				X										S
	NYC G/O BONDS				X								X							X							
	NYC TRANS AUTHORITY BONDS						X						X									X					
	NYS DORM. AUTHORITY BONDS						X						X								X						
	WESTCHESTER CO. BONDS			X									X						X								
	HARRISON NY BONDS					X							X								X						
	NYS G/O BONDS				X								X							X							
	NYS LOC. GOV. ASST. BONDS						X						X									X					
	BLACKROCK NY MUN. TRUST				X								X								X						
S	LOWEY DANNENBERG BEMPORAD & SELINGER P.C.									X							*										

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*SPOUSE INCOME NOT REPORTABLE

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NATA M. LOWEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 - $1,000	C $15,001 - $50,000	E $100,001 - $250,000	G $500,001 - $1,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	ENCUMBERED TRUST	BLOCK D Amount of Income: II	IV	BLOCK E Identification
S	LOWEY DANNENBERG BEMPORAD & SELINGER PROFIT SHARING PLAN				X				X		
JT	GILDER GAGNON & HOWE MANAGEMENT ACCT				X	X	X	X		X	P
JT	M.D. SASS REENTERPRISE FUND				X	X	X	X		X	P
JT	M.D. SASS HIGH QUAL. MUNI/ TREASURY FUND				X	X	X	X		X	P
JT	EGS PARTNERS			X		X	X	X	X		
S	INGALLS & SNYDER VALUE PARTNERSHIP			X		X	X	X	X		
S	P. OPPENHEIMER INV. PARTNERSHIP			X		X	X	X		X	
JT	THE INTERIM FUND L.P.	X					X			X	
JT	E M NEW YORK PROPERTIES, L.P.	X					X			X	
S	IRA - THE KAUFMANN FUND			X					X		
	IRA - LEHMAN BROTHERS		X						X		
	U.S. GOVT. THRIFT SAVINGS PLAN	X							X		
S	IRA TWEEDY BROWNE			X					X		
	NYS DEF. COMP. PLAN		X						X		
	NYS RETIREMENT PLAN		X						X		

2300

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name NITA M. LOWEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	C $15,001 – $50,000	E $100,001 – $250,000	G $500,001 – $1,000,000	BLOCK C Type of Income: $1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	BLOCK D Amount of Income: A	C $1,001 – $2,500	F $5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	BLOCK E Type of Income
S	CHASE MANHATTAN WTS				X					X						P*
S	MULTIMEDIA			X												
S	TOYS 'R US		X													
S	BESSEMER ALA MED. BONDS		X				X				X					
S	LEE CTY. FLA. HOSP. BONDS		X				X				X					
S	MCO RESOURCES SUB NOTE			X			X					X				
S	PRUDENTIAL MONEY MARKET FUNDS		X			X					X					
S	SMITH BARNEY MONEY MARKET			X		X				X						P
S	ABBOT LABS		X			X				X						P
S	AT&T		X			X				X						P
S	BANKAMERICA		X			X				X						P
S	BOEING		X			X				X						P
S	CHEMICAL BANK		X			X				X						P
S	COLONIAL GROUP		X			X				X						P
S	GTE		X			X				X						P

* Income in Kind

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
SP	FLEET AEROSPACE		X		1993*	X						
SP	HOMESTYLE BUFFET		X		1993*	X						
	TRIBOROUGH BRIDGE & TUNNEL BONDS		X		1993*				X			
JT	GILDER GAGNON & HOWE MANAGEMENT ACCOUNT	X			1993*						X	
JT	M.D. SASS REENTERPRISE FUND	X			1993*						X	
JT	M.D. SASS HIGH QUAL. MUNI/TREASURY FUND	X			1993*						X	
S	CHASE MANHATTAN WTS **	X			1993*						X	
S	SMITH BARNEY MONEY MARKET	X			1993*			X				
S	ABBOT LABS	X			1993*	X						
S	AT&T	X			1993*	X						
S	BANKAMERICA	X			1993*	X						
S	BOEING	X			1993*	X						
S	CHEMICAL BANK	X			1993*	X						
S	COLONIAL GROUP	X			1993*	X						
S	GTE	X			1993*	X						
S	GREAT WESTERN FINANCIAL	X			1993*	X						
S	TPF	X			1993*	X						

This page may be copied if more space is required.

* Exact date can be obtained upon request.

** Income in kind

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute - Conference re Former Soviet Union	Jan 9 - 13	NYC - Montego Bay,Jamaica-NYC	Y	Y	Y	
	Women's Legal Defense Fund - Women's Issues Conference	Jan 30-31	NYC-Brunswick, GA - NYC	Y	Y	N	
	Urban Institute - Children's Roundtable	Feb 11-14	NYC-Boca Raton, FL - DC	Y	Y	Y	1 Day
	American Israel Education Found.-Congressional Black Caucus	June 1 - 8	NYC-Tel Aviv, Israel-NYC-Washington, DC	Y	Y	N	
	Aspen Institute - U.S. Relations w/Central & Eastern Europe Confer.	Aug 22-27	Wash., DC - Warsaw, Poland - Wash., DC	Y	Y	Y	
	American Israel Public Affairs Committee (AIPAC) - Speech	Oct 24	NYC - W. Palm Beach, FL - NYC	N	Y	N	
	AIPAC - Young Leadership Council-Speech	Nov 7	NYC - San Francisco - NYC	Y	Y	N	
	Jewish Welfare Fund of Cleveland-Speech	Nov 29	NYC - Cleveland - Detroit	N	Y	N	
	Joint Action Committee for Political Affairs (JAC)	Nov 29-30	Detroit - NYC	Y	Y	N	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

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1994 MAY 24 AM 11 33

OFFICE OF GOVERNMENT ETHICS

Name NITA M. LOWEY

Page 8A of

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	NYC G/O BONDS	X			1993*		X					
	NYC TRANS AUTHORITY BONDS	X			1993*				X			
	NYS DORMITORY AUTHORITY BONDS	X			1993*				X			
	NYS LOC. GOV. ASST. BONDS	X			1993*				X			
	BLACKROCK MUN. TRUST	X			1993*		X					
SP	INGALLS & SNYDER VALUE PARTNERSHIP	X			1993*					X		

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* Exact date can be obtained upon request.

2306

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
FREEDOM OF INFORMATION
1994 JUN 30 PM 3:22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

3

NITA M. LOWEY
(Full Name)

105 BEVERLY ROAD
(Mailing Address)

(202)225-6506
Daytime Telephone

RYE, NY 10580

Filer Status	[X] Member of the U.S. House of Representatives	State: NY District 18	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "unearned" income (honoraria or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [ ] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes [ ] No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes [ ] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [ ] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes [ ] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes [ ] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [ ] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "accepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes [ ] No [ ]
EXEMPTIONS—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ] No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Nita M. Lowey	DATE (Month/Day/Year) 6/30/94

2307

AMENDED

SCHEDULE IV — TRANSACTIONS

Name NITA M. LOWEY *Nita M Lowey* Page 8 of 12

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
SP	FLEET AEROSPACE		X		7/1/93	X						
SP	HOMESTYLE BUFFET		X		7/1/93	X						
JT	GILDER GAGNON & HOWE MANAGED ACCOUNT	X			5/12/93						X	
JT	M.D. SASS REENTERPRISE FUND	X			4/1/93						X	
JT	M.D. SASS HIGH QUAL. MUNI/TREASURY FUND	X			10/1/93						X	
S	CHASE MANHATTAN WTS *	X			6/30/93						X	
S	SMITH BARNEY MONTY MARKET	X			12/21/93			X				
S	ABBOT LABS	X			12/22/93	X						
S	AT&T	X			12/31/93	X						
S	BANKAMERICA	X			12/16/93	X						
S	BOEING	X			12/16/93	X						
S	CHEMICAL BANK	X			12/22/93	X						
S	COLONIAL GROUP	X			12/16/93	X						
S	GTE	X			12/15/93	X						
S	GREAT WESTERN FINANCIAL	X			12/22/93	X						
S	TPF	X			12/17/93	X						

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* INCOME IN KIND

AMENDED

SCHEDULE IV — TRANSACTIONS

Name NITA M. LOWEY Nita M Lowey

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	NYC G/O BONDS	X			2/8/93		X					
	NYC TRANS AUTHORITY BONDS	X			7/2/93				X			
	NYS DORMITORY AUTHORITY BONDS	X			7/2/93				X			
	NYS LOC. GOV. ASST. BONDS	X			1/17/93				X			
	BLACKROCK MUN. TRUST	X			3/5/93		X					
SP	INGALLS & SNYDER VALUE PARTNERSHIP	X			1/16/93					X		

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2309

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
MAY -2 PM 7:54

ALFRED A. McCANDLESS
(Full Name)

2422 Rayburn HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone (202) 225-5330

MC (Office Use Only)

8

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 44	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Alfred A. McCandless

DATE (Month/Day/Year) April 29, 1994

2310

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION	$7,330.68

For payments to charity in lieu of honoraria, use Schedule II.

Name	ALFRED A. McCANDLESS	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

This page may be copied if more space is required.

Name	Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock	SP				X						X								X								P
DC	123 Main St., Dover, Del.	DC							X				X															
JT	1st Bank of Peoria, IL accounts	JT					X							X														
	BANKAMERICA CORP.						X																					
	GLASS FINANCIAL CORP.								X																			
	AMERICAN SAVINGS					X																						

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name ALFRED A. McCANDLESS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	GLASS FINANCIAL CORP.	X			10-22-93	X						
	GLASS FINANCIAL CORP.	X			11-16-93		X					

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Name	ALFRED A. McCANDLESS	Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CHICAGO MERCANTILE EXCHANGE CHICAGO BOARD OF TRADE	MAR. 5	WASH., D.C. - CHICAGO - PALM SPRINGS (44TH DISTRICT)	N	Y	N	N

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Name ALFRED A. McCANDLESS	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

AL McCANDLESS
44TH DISTRICT, CALIFORNIA

COMMITTEES

BANKING, FINANCE AND URBAN AFFAIRS

GOVERNMENT OPERATIONS

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, DC 20515-0544

2432 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0544
(202) 225-5330

DISTRICT OFFICES

73-710 FRED WARING DRIVE
SUITE 112
PALM DESERT, CA 92260-2510

POST OFFICE BOX 14442
PALM DESERT, CA 92255-4442
(619) 340-2900

22690 CACTUS AVENUE
SUITE 155
MORENO VALLEY, CA 92553-9041
(909) 656-1444

May 10, 1994

RECEIVED
OFFICE OF MEMBERS' REPRESENTATIVES
1994 MAY 11 AM 8:47
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

MC

(2)

The Honorable Jim McDermott
Chairman, Committee on Standards
of Official Conduct
HT-2 U.S. Capitol
Washington, DC 20515

Dear Mr. Chairman:

With regard to my 1993 Financial Disclosure Statement, I am submitting a completed Schedule III -- Assets and "Unearned" Income (see attached). Although I listed my assets on the original form, I inadvertently omitted the type and amount of income from these sources.

Please call me or Jayne Gillenwaters on 225-5330 if you have any questions.

Sincerely,

Al McCandless

AL McCANDLESS
Member of Congress

AAM:Jg
Enclosure

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14-20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	Type of Income	DIVIDENDS	RENT	INTEREST	ROYALTIES	EXCEPTED TRUST	Amount of Income	None	I $201 - $1,000	II $1,001 - $2,500	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $250,000	VIII $250,001 - $500,000	IX $500,001 - $1,000,000	Over $1,000,000	Transaction P, S, E
SP	[illegible]			X							X							X										P
DC	Examiner																											
JT													X															
	BANKAMERICA CORP. (Savings)				X								X							X								
	GLASS FINANCIAL CORP. (Stock)						X						X									X						
	AMERICAN SAVINGS (Stock)			X									X							X								

For additional assets and unearned income, use next page.

Alfred A. McCandless 5/10/94

2319

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 AM 9:53

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

4

Frank McCloskey
(Full Name)

P.O. Box 7
Smithville, Indiana 47458
(Mailing Address)

202-225-4636
Daytime Telephone

Filer Status	[X] Member of the U.S House of Representatives	State Indiana District 8	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Frank McCloskey

DATE (Month/Day/Year) May 12, 1994

2320

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Indiana State University, Terre Haute, Indiana	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name Frank McCloskey | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Indiana University Credit Union	Loan	X						
	Wright Patman Congressional Credit Union	Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Committee For Bosnia University of Chicago	February 7-8	Indianapolis-Chicago-Indianapolis	Y	Y	No	
	The Bosnian Information Center	August 6-10	D.C.-Geneva-D.C.	Y	Y	No	
	The Aspen Institute	August 22-26	D.C.-Warsaw-D.C.	Y	Y	Yes	
	Int'l Parliamentarians Against Genocide	October 9-12	D.C.-Frankfurt-Zagreb-Sarajevo-Zagreb-D.C.	Y	Y	No	
	Mr. Wan Omar Washington, D.C.	Nov. 26-Dec. 3	D.C.-Shannon-Bonn-D.C.	Y	Y	No	3 days

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A

1994 MAY 11 PM 1:08

Bill McCollum a/k/a Ira William McCollum, Jr.

600 Thistlewood Court, Longwood, Florida 32779

Filer Status	X		
Report Type	X		

A *$200 penalty* shall be assessed against anyone who files more than 30 days late

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g. aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL: Bill McCollum

DATE: May 10, 1994

2324

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Great Western Bank	Speaking engagement/ Employee Breakfast	March 5, 1993	$2,000

Name: Bill McCollum a.k.a Ira William McCollum, Jr.

Page 1 of 1

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide full address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X																			
JT	1st Bank of Peoria, IL accounts					X							X														
	40 acres real property, Hernando County, Florida (60% interest)				X		good faith estimate								no income from it												
	Barnett Bank accounts			X									X						X								
	Eubanks, Hilyard, et al, P.A. Profit Sharing Plan				X						X		X	X							X						
	IRA-Vanguard Fiduciary Trust Prime Portfolio			X							X							X									
	IRA-Vanguard Fiduciary Trust American Software Stock			X							X								X								
	Quick & Reilly Alliance Money Reserves			X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Bill McCollum a/k/a Ira William McCollum, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
DC	SunTrust Stock				X						X								X								
	Applied Magnetics Stock			X												NO	INCOME										P
	Absolute Entertainment Stock			X												NO	INCOME										P
	Computer Network Technology Stock			X												NO	INCOME										
	National Semiconductor Stock			X												NO	INCOME										P
	Oak Industries Stock			X										X									X				S
	Conner Peripheral Feb 20 Call Options	X												X					X								P,S
	Merrill Lynch Oct 100 Call Options	X												X						X							P,S

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Oak Industries Stock		X		6-18-93		X					
	Oak Industries Stock		X		6-18-93	X						
	American Exploration Stock		X		12-3-93	X						
	Absolute Entertainment Stock	X			11-5-93	X						
	Absolute Entertainment Stock	X			12-23-93	X						
	Applied Magnetics Stock	X			7-28-93	X						
	National Semiconductor Stock	X			12-30-93	X						
	Micropolis Corp Stock		X		4-13-93	X						
	Micropolis Corp Stock		X		4-20-93	X						
	Conner Peripherals Feb 20 Call Options	X			1-13-93	X						
	Conner Peripherals Feb 20 Call Options		X		1-21-93	X						
	OEX April 410 Put Options	X			3-29-93	X						
	OEX April 410 Put Options		X		4-8-93	X						
	OEX May 405 Put Options	X			5-4-93	X						
	OEX May 405 Put Options		X		5-7-93	X						
	Merrill Lynch Oct 100 Call Options	X			9-22-93	X						
	Merrill Lynch Oct 100 Call Options		X		9-28-93	X						

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Name: Bill McCollum a/k/a Ira William McCollum, Jr.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Merrill Lynch Oct 100 Call Options	X			10-11-93	X						
	Healthdydne Mar 20 Call Options	X			2-4-93	X						
	Merrill Lynch Jan 47½ Call Options	X			12-7-93	X						
	AST Research Jan 22½ Call Options	X			12-8-93	X						
	Delta Airlines Jan 60 Call Options	X			12-15-93	X						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
The Congressional Institute, Inc.	Feb 25-27	Wash., D.C. - Princeton, NJ - Wash., D.C.	Y	Y	Y	N
Republican Party of Florida	June 5-6	Orlando - Fort Lauderdale - Orlando	Y	Y	N	N
Young Republican League of Minnesota	June 18-21	Wash., D.C. - Minneapolis - Wash., D.C. (Member) Orlando - Minneapolis - Orlando (Spouse)	Y	Y	Y	2 days
Federal Reserve Bank, Jacksonville	Sept 2-3	Orlando - Jacksonville - Orlando	Y	Y	N	N
Florida Department of Reserve Officers Association	Oct 23-24	Orlando - Miami - Orlando	Y	Y	N	N
Suffolk University	Dec 5-6	Wash., D.C. - Boston - Wash., D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Bill McCollum Intern Program, Inc. (non profit for high school students)
President	Committee on Limiting Terms, Inc. (non profit educational)
President	Committee on Limiting Terms Lobby, Inc. (non profit educational)
Honorary Board Member & Chairman	Missing Children Billboard Campaign, Inc. (non profit charity)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-3-81	There is no written or formal agreement, but my former law firm and its successor, Eubanks, Hilyard, et al, P.A. have allowed me to keep the principal accumulated before my employment terminated in the firm's profit sharing plan and to share proportionately in the earnings of the plan.	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 13 AM 9:07
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

5

James Otis McCrery, III
(Full Name)

225 Cannon HOB
(Mailing Address)

Washington, D.C. 20515

202-225-2777
Daytime Telephone

Filer Status	[XX] Member of the U.S. House of Representatives	State LA District 5th	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XX]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [XX]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL J. McCrery

DATE (Month/Day/Year) 5/12/94

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	LSU - Shreveport	Spouse Parttime	NA
	KTBS-TV - Shreveport	Spouse Parttime	NA
	Forum Magazine - Shreveport	Spouse Parttime	NA

For payments to charity in lieu of honoraria, use Schedule II

Name	Jim McCrery	Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
National Association of Independent Insurers, Wash. DC	Speech	March 3, '93	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
Examples: DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	IRA, S'Port Commercial Nat'l Bank				X																						
	WrightPatman Cong'l Wash. DC FedCreditUn			X									X					X									

For additional assets and unearned income, use next page.

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Name Tim McCrery	Page of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspin Institute	Apr 3-11	DC-S.Africa-DC	Y	Y	Y	N
	Danny Thompson Charity Trnmt	Aug 25-29	S'Port-SunValleyID-LA	Y	Y	Y	N
	Corning Public Policy Conf.	Nov 5-7	DC-AugustaGA-DC	Y	Y	N	N
	Boesch & Company Conference	Nov 15-16	DC-Columbus,Ohio-DC	Y	Y	N	N
	Congressional Institute	Feb 25-27	DC-Princeton,NJ-DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:38

Dave McCurdy

2344 Rayburn House Office Building (202)225-6165
Washington, D.C. 20515

HAND DELIVERED

Filer Status	[X]	Oklahoma 4th	
Report Type	[X]		

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
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Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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	Yes	No
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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

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SIGNATURE OF REPORTING INDIVIDUAL: Dave McCurdy

DATE: 5/16/94

2337

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	(spouse) Pamela M. McCurdy, M.D.	Spouse Salary	NA
	Private practice of Medicine/Psychiatry		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Waste Management, Inc., Washington, D.C.	Speech	1-11-93	$30
Christian Science Monitor	Article	5-27-93	$100
Washington Research Group, Washington, D.C.	Speech	7-12-93	$1000

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Phoenix Multi-Sector Fund P.O. Box 1912, Boston, MA 02105				X						X										X						
	IRA			X																	X						E

For additional assets and unearned income, use next page.

2340

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dave McCurdy

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	N/A																										

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2341

Name Dave McCurdy

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	N/A											

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	N/A								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Aspen Institute(Conference)	Jan. 9-15	Wash.,D.C.-Jamaica-Wash.,D.C.	Y	Y	Y	N
Sun-Diamond Corp. (Fact-Finding)	Jan.30-Feb.1	Wash.,D.C.-Los Angeles-Wash.,D.C.	Y	Y	Y	N
Am. Med. Assoc. (Conference)	March19-21	Wash.,D.C.-Sarasota,FL-Wash.,D.C.	Y	Y	Y	N
Economic Strategy Institute (Fact-Finding)	Apr.15-17	Wash.,D.C.-Nogales, Mexico-Wash.,D.C.	Y	Y	N	N
CSIS Pacific Forum (Panel)	May 7-12	Wash.,D.C.-Seoul,Korea-Wash.,D.C.	Y	Y	Y	N
AIPAC (Speech)	June 23	Wash.,D.C.-NYC,NY-Wash.D.C.	N	N	N	N
Fourth Dist.Econ. Development Task Force(Econ.Dev.)	July 6-9	Wash.,D.C.-Los Angeles-Wash.,D.C.	Y	N	N	N
AIPAC (Speech)	Oct.14-16	Wash.,D.C.-Atlanta-Wash.,D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

DAVE McCURDY
4TH DISTRICT, OKLAHOMA

MEMBER
COMMITTEE ON ARMED SERVICES
CHAIRMAN, SUBCOMMITTEE ON MILITARY INSTALLATIONS AND FACILITIES
SUBCOMMITTEE ON READINESS
SUBCOMMITTEE ON RESEARCH AND TECHNOLOGY
COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY
SUBCOMMITTEE ON ENERGY
SUBCOMMITTEE ON SPACE

Congress of the United States
House of Representatives
Washington, DC 20515-3604

1994 JUL 14 AM 8: 46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

DISTRICT OFFICES
330 WEST GRAY, SUITE 110
POST OFFICE BOX 1265
NORMAN, OK 73070
(405) 329-6500
103 FEDERAL BUILDING
LAWTON, OK 73501
(405) 357-2131
802 MAIN
DUNCAN, OK 73533
(405) 252-1434
WASHINGTON OFFICE
2344 RAYBURN HOB
(202) 225-6165

July 13, 1994

(1) ✓
MC

Mr. Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 LHOB
Washington, D.C. 20515

Dear Mr. Anderson:

This letter amends my 1993 Financial Disclosure Statement. Schedule Three of my statement listed an IRA but neglected to list the host financial institution. The host financial institution is Phoenix Multisector Fund. The IRA was previously held at the Security National Bank in Norman, OK.

Thank you for your consideration of this matter.

Sincerely,

Dave McCurdy

Dave McCurdy, M.C.

DM:jev

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF PER[illegible]
1994 MAY 16 PM 2:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only) (35)

Joseph Michael McDade
(Full Name)

2370 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

(Telephone Extension) 202-225-3731

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 10th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Joseph McDade	**DATE** (Month/Day/Year) 16 May 94

2347

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	Congressional C.U. accounts			X									X					X									
	Paris Business Forms			X							X						X										
S	Vanguard Specialized Health Mutual Fund (IRA)			X							X			X			na										
	Dean Witter Funds (IRA)			X							X			X			na										
JT	307 Clark Ave.Clarks Summit PA (half home-half rented)						X					X										X					
JT	Vanguard PA tax-free Money Market		X								X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joseph Michael McDade

Block A: Asset and/or Income Source	Block B: Year-End Value of Asset — None	A $1 - $1,000	B [redacted]	C $15,001 - $50,000	D [redacted]	E $100,001 - $250,000	F [redacted]	G $500,001 - $1,000,000	H [redacted]	Block C: Type of Income — DIVIDENDS	[redacted]	INTEREST	[redacted]	EXCEPTED TRUST	[redacted]	Block D: Amount of Income — None	I [redacted]	II $201 - $1,000	III [redacted]	IV $2,501 - $5,000	V [redacted]	VI $15,001 - $50,000	VII [redacted]	VIII $100,001 - $1,000,000	IX [redacted]	Block E: Transaction
Lindner Dividend Fund (IRA)				x						x			x			na										P, S, E
JT Vanguard Short-Term Corporate Mutual Fund						x				x			x								x					
Fidelity Asset Manager Mutual Fund (IRA)					x					x			x			na										
JT Vanguard Wellesley Income Mutual Fund						x				x			x								x					P
Fidelity Balanced Fund (IRA)					x					x			x			na										
Fidelity Spartan Limited Maturity Government Fund (IRA)			x							x			x			na										
JT Vanguard GNMA Portfolio Fund			x							x			x								x					
JT 2 Westridge Road Cooperstown, NY 13326							x				x										x					
Land-AvocaPA 2-2-350 .80 acres																										
Land-DuPontPA 15-1002 19 acres			x								x									x						
Mrtge on Land, Luzerne CntyPA (a)						(a)										(a)										
Billboard on mortgaged land (b)											(b)										(b)					
RE: ABOVE LISTING - THERE IS NO INCOME FROM MORTGAGE. THE INCOME IS FROM BILLBOARD ON MORTGAGED LAND.																										

This page may be copied if more space is required.

Name Joseph Michael McDade | Page 4 of 35

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 over
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Vanguard Wellesley Income Fund- 2 Purchases	x			10-22-93 11-24-93				x			

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	PNC Bank, National Assoc. Scranton, PA	Primary Equity Loan on 307 Clark Ave. Clarks Summit, PA		x					
	" " " " " "	Secondary Equity Loan on 307 Clark Ave. Clarks Summit, PA		x					

SCHEDULE VI — GIFTS

see attached report from Joseph M. McDade Legal Defense Fund

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Kennedy Center for the Performing Arts (uncompensated)
"	Keystone Junior College, LaPlume, Pennsylvania (uncompensated)
"	Fords Theatre (uncompensated)
Regent	Smithsonian Institution
Trustee	Guthrie Healthcare Systems,Sayre, Pennsylvania (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75 884 (Mac)

Use additional sheets if more space is required.

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1993 DEPOSIT SCHEDULE
01-01-93 TO 07-31-93

CHECK DATE	CNTY CODE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
12/31/92	L	CURTIN, CHARLES & JUDITH	BOX 372 RD 1	DALTON, PA	18414	250.00		
01/04/93	L	BANNON, CHARLES M.D. & MARY JOAN	11 STARLIGHT DRIVE	CLARKS GREEN, PA	18411	200.00		
12/30/92	L	MCDONALD, HERBERT MD	SCRANTON, LIFE BLDG ROOM 622	SCRANTON, PA	18503	100.00		
12/14/92	L	G. WEINBERGER COMPANY	PLMBG 231 OAK	OLD FORGE, PA	18518	2,500.00		
12/29/92	OD	DANTE FASCELL CAMPAIGN COMMITTEE	8603 S. DIXIE HWY SUITE 211	MIAMI, FL	33143	1,000.00		
12/27/92	OD	LENT FOR CONGRESS COMMITTEE	2336 S. QUEENS ST	ARLINGTON, VA	22202	2,000.00	6,050.00	01/06/93
01/06/93	M	ASSO OF THE UNITED STATES ARMY	PO BOX 156	TOBYHANNA, PA	18466-0156	100.00		
01/08/93	L	REARDON, JANE & MARY	402 LILLIBRIDGE ST	PECKVILLE, PA	18452	10.00	110.00	01/12/93
01/05/93	L	PRESTON, W. RUSSELL	FORUM TOWERS APT 908, 220 LINDEN ST	SCRANTON, PA	18503	100.00		
01/05/93	L	SOPCHAK, RICHARD & LINDA	1612 PINE ST	SCRANTON, PA	18510	15.00		
01/14/93	L	CLASSEN, PETER	2002 ELDEN DR	CLARKS SUMMIT, PA	18411	500.00		
01/13/93	PA	BOSCOV, ALBERT	4500 PERKIOMEN AVE	READING, PA	19606	2,500.00		
12/21/92	L	JONES, J. BRAD	2647 BIRNEY AVE	SCRANTON, PA	18505	50.00		
01/07/93	PA	BELENSKY, SUSAN & MICHAEL JR.	44 ARMSTRONG ST	EDWARDSVILLE, PA	18704	100.00		
01/14/93	L	LOTH, DOROTHY & EDWARD	4 CHARLES ST	THROOP, PA	18512	25.00		
01/07/93	LY	MOGAVERO, RICHARD & RITA	111 ROCK ST	HUGHESTOWN, PA	18640	25.00		
01/08/93	M	SACCHI, LUIGI & VIRGINIA	257 POPE ROAD	TOBYHANNA, PA	18466	25.00		
01/07/93	L	HEALEY, JOSEPH & JANE	105 DOLPH ST	OLYPHANT, PA	18447	25.00		
12/29/92	M	KORTRIGHT, SUSAN & JOHN	1800 QUENTIN RD	STROUDSBURG, PA	18360	25.00		
01/07/93	L	BENFANTE, LEONARD & MARY ANN	611 E WARREN ST	DUNMORE, PA	18512	25.00		
01/13/93	PA	GOMBI, RONALD & JANICE	131 A LAKEVIEW RD RD NO. 1	WHITE HAVEN, PA	18661	25.00		
01/07/93	PA	TOMASETTI, ROBERT & FRANCINE	424 COLUMBIA ST	DURYEA, PA	18642	25.00		
01/13/93	L	LUKASIIEWICZ, PAUL & MARILYN	204 STAFFORD AVE	SCRANTON, PA	18505	20.00		
01/08/93	L	KALUTA, PAUL	622 SHIRLEY LANE	DUNMORE, PA	18512-2116	15.00		
01/11/93	L	SCARAMASTRO, JOSEPH & FRANCES	316 SPRUCE ST	MOOSIC, PA	18507	15.00		
01/08/93	W	DOYLE, ROBERT & MARY ANN	PO BOX 163	HAMLIN, PA	18427	15.00		
01/07/93	L	FREEMAN, WILLIAM & KATHEN	802 GRANDVIEW ST	SCRANTON, PA	18509	15.00		
01/12/93	PA	SPARICH, SALVATORE	237 6TH ST	WEATHERLY, PA	18255	10.00		
01/06/93	L	SCRAGGS, CATHRYN	20 FALLBROOK ST	CARBONDALE, PA	18407	10.00		
01/13/93	L	PENSKA, RON	664 HOMESTEAD ST	SIMPSON, PA	18407	10.00		
01/14/93	M	PETRO, FRANK	PO BOX 295	TOBYHANNA, PA	18466	5.00		
01/16/93	L	SUMMA, DONATO & ROSE	230 FRANKLIN ST	DUNMORE, PA	18512	10.00		
01/16/93	L	LOESSY, HAROLD & LOIS	1902 DELAWARE ST	DUNMORE, PA	18512	10.00		

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01/15/93	W	MURNOCK, JOSEPH & ANN	RD 4 BOX 114	LAKE ARIEL, PA	18436	30.00		
01/14/93	PA	STASHIK, JOHN	32 SCHOOL ST	HUDSON, PA	18705	10.00		
01/15/93	L	TROTTA, ANTHONY	301 SMITH ST	OLD FORGE, PA	18518	25.00		
01/14/93	PA	MIRABELLE, FRANK & JOSEPHINE	956 EXETER AVE	WEST PITTSTON, PA	18643	15.00		
01/14/93	L	TARR, DALE & GAIL	51 N LINCOLN AVE	SCRANTON, PA	18504-1815	10.00		
01/10/93	M	DRIEBE, EDWARD & MARY	1303 MAZETTI ROAD	STROUDSBURG, PA	18360	250.00		
01/14/93	L	SHOPAY, THOMAS & NELLIE	107 CRAIG ROAD	DICKSON CITY, PA	18519	50.00		
01/11/93	M	AM FED OF GOV EM #1647	TOBYHANNA ARMY DEPOT	TOBYHANNA, PA	18466	250.00		
N/A	M	AM RED OF GOV EM AFLCIO LOCAL 1647	TOBYHANNA ARMY DEPOT	TOBYHANNA, PA	18466-5035	390.00		
N/A	L	GANNON, EVELYN	500 N. WEBSTER AVE	SCRANTON, PA	18510	12.50		
N/A	PA	KELLY, MARY	813 GROVE ST	AVOCA, PA	18641	12.50	4,655.00	01/21/93
N/A	M	AM RED OF GOV EM AFLCIO LOCAL 1647	TOBYHANNA ARMY DEPOT	TOBYHANNA, PA	18466-5035	10.00		
01/20/93	L	SUMMA, DOMINICK	217 FRANKLIN ST	DUNMORE, PA	18512	10.00		
01/20/93	L	BACINELLI, CHARLES & WINIFRED	RR 5 BOX 5537	MOSCOW, PA	18444	10.00		
01/14/93	L	CAMELI, GEORGE & ELAINE	620 E WARREN ST	DUNMORE, PA	18512	50.00		
01/18/93	PA	GINECZKO, HENRY	263 GEDDING ST	AVOCA, PA	18641	10.00		
01/18/93	L	FRENCHKO, PETER & DOLORES	802 SUNSET DRIVE	OLYPHANT, PA	18447	15.00		
01/18/93	L	SLIMAK, EDWARD & MARY ANN	853 THROOP ST	DICKSON CITY, PA	18519	10.00		
01/18/93	L	ERICO, CATHERINE & GARY	821 BUTLER ST	DUNMORE, PA	18512	10.00		
01/19/93	L	O'HARA, JOHN & ELSIE	1543 SANDERSON AVE	SCRANTON, PA	18509	150.00		
01/12/93	L	ROMANOVITCH, ANNA	RD 1, BOX 612	OLYPHANT, PA	18447	50.00		
01/12/93	L	ROMANOVITCH, MICHAEL & SHIRLEY	RD 1	OLYPHANT, PA	18447	50.00		
01/07/93	T	HEFFNER, STEVEN D.C. & MARIJO	103 E MAIN ST	ELKLAND, PA	16920	250.00		
01/13/93	T	KOOS, PHILIP JR & PATRICIA	3 CHERRY ST	TOWANDA, PA	18848	100.00		
01/08/93	T	KREGER, ANNETTE	3 RIVERSIDE PARK	BLOSSBURG, PA	16912	50.00		
01/15/93	T	LAVANCHER, FREDERICK & JUDITH	PO BOX 485	TIOGA, PA	16946	50.00		
01/12/93	T	WARD, FRANK & JEAN		TIOGA, PA	16946	50.00		
01/15/93	T	SERINE, ENRICO & VIRGINIA	6 MANN ST	MANSFIELD, PA	16933	50.00		
01/15/93	T	ALTMAN, VIVIAN	132 MAPLE ST	WESTFIELD, PA	16950	25.00		
01/17/93	T	WILSON, JAMES & JOAN	MORRIS LANE	WELLSBORO, PA	16901	25.00		
01/14/93	T	COWLEY, JOHN & SUSAN	RR1 BOX 536	MANSFIELD, PA	16933-7980	50.00		
01/15/93	T	JONES, DOROTHY	PO BOX 3	GAINES, PA	16921	25.00		
01/12/93	T	BARNES, WALTER & SHIRLEY	RD 1 BOX 180	LAWRENCEVILLE, PA	16929	25.00		

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01/11/93	T	HALL, WILLIAM	106 WALNUT ST	ELKLAND, PA	16920	25.00		
01/16/93	T	HALL, WILLIAM	106 WALNUT ST	ELKLAND, PA	16920	25.00		
01/11/93	T	LAWTON, EDGAR & LINDA	75 MANN ST	MANSFIELD, PA	16933	50.00		
01/19/93	T	HOWE, JEAN	24 COLLEGE AVE	MANSFIELD, PA	16933	50.00		
01/06/93	T	BOND, CAROL	214 GRANGER ST	BLOSSBURG, PA	16912	50.00		
01/14/93	T	MURDOCK, DAVID	ONE HILLSIDE PLACE, RD2 BOX 472	KNOXVILLE, PA	16928	200.00		
01/06/93	T	KUSTER, JOHN & AGNES	201 N WILLIAMSON RD	BLOSSBURG, PA	16912	50.00		
01/08/93	T	PRICE, SANDRA & JOHN	104 MAIN ST	WELLSBORO, PA	16901	50.00		
01/07/93	T	BLAIR, ROBERT	8 MCINROY ST	WELLSBORO, PA	16901	25.00		
01/15/93	T	KYOFSKI, BONELYN		NELSON, PA	16940	100.00		
01/16/93	T	WILEY, ILA	PO BOX 70	NELSON, PA	16940	100.00		
01/16/93	T	EDGCOMB, ROBERT & HAZEL	BOX 123	KNOXVILLE, PA	16928	25.00		
01/16/93	T	GARSIDE, CHARLOTTE	67 ELMIRA ST	MANSFIELD, PA	16933	25.00		
01/15/93	T	TOOMBS, ROBERT & ETHEL	PO BOX 301	MANSFIELD, PA	16933	100.00		
01/16/93	T	UNGER, ROBERT & CAROLE	234 N MAIN ST	MANSFIELD, PA	16933	50.00		
01/16/93	B	FOX, JACK & EDNA	RD 3 BOX 24	TOWANDA, PA	18848	50.00		
01/16/93	T	BAILEY, WILLIAM	COREY CREEK APT 209 BLDG B	MANSFIELD, PA	16933	25.00		
01/16/93	B	GEORGE, JOHN	BOX 107	TOWANDA, PA	18848	25.00		
01/14/93	T	PENNYPACKER, F.D. & SHARON	143 MAIN ST	WELLSBORO, PA	16901	50.00		
01/16/93	T	HEBE, WILLIAM & SHIRLEY	RD BOX 9	WELLSBORO, PA	16901	50.00		
01/16/93	T	MOORE, KERMIT & ALICE	19 MORRIS LANE	WELLSBORO, PA	16901	25.00		
01/14/93	T	SMITH, WILLIARD	4 MORGAN TERRACE	WELLSBORO, PA	16901	25.00		
01/11/93	T	ROBERT, ROLAND & JOSEPHINE	RD 2	TIOGA, PA	16946	25.00		
01/14/93	B	PEOPLE FOR MADIGAN COMMITTEE	101 MAIN ST	TOWANDA, PA	18848	50.00		
01/16/93	T	EDGCOMB ENTERPRISES	BOX 166, 111 N WATER ST	KNOXVILLE, PA	16928	25.00		
01/16/93	T	EVANS, R. JOHN & JACQUELINE	RR 2, BOX 250	MANSFIELD, PA	16933	50.00		
01/18/93	T	COX AND COX, P.C.	19 CENTRAL AVE	WELLSBORO, PA	16901	100.00		
01/15/93	T	PATTERSON LUMBER CO, INC		WELLSBORO, PA	16901	1,000.00		
01/12/93	T	BLOSS HOLIDAY MARKET	RIVERSIDE PLAZA	BLOSSBURG, PA	16912	50.00		
01/07/93	T	GARRISONS' MENS SHOP	89-91 MAIN ST	WELLSBORO, PA	16901	25.00		
01/11/93	T	COSTY'S CHRYSLER-PLYMOUTH	RD 1	MANSFIELD, PA	16933	50.00		
01/14/93	T	BRACKLEYS VILLAGE GROCERY		TIGOA, PA	16946	50.00		
01/18/93	T	WALRATH & COOLIDGE, ATTORNEYS		WELLSBORO, PA	16901	50.00		

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01/15/93	T	LINTON AND LINDER ATTORNEY-AT-LAW	107 MAIN ST	WELLSBORO, PA	16901	25.00		
01/18/93	T	VAN DER HIEL, RUDOLPH, ATTORNEY		MANSFIELD, PA	16933	25.00		
01/12/93	T	OWLETT, EDWARD, ATTORNEY		WELLSBORO, PA	16901	375.00		
01/13/93	T	JONES, ROBERT	307 GRANGER ST	BLOSSBURG, PA	16912	500.00		
01/15/93	T	LYNCH, MATTHEW	420 NORTH MAIN ST	MANSFIELD, PA	16933	25.00		
01/15/93	T	TIOGA PRINTING CORP	25 EAST AVE	WELLSBORO, PA	16901	25.00		
01/13/93	T	HALLS HOMES & LUMBER, INC.	RD 2 BOX 204	TIOGA, PA	16946	50.00		
01/15/93	T	WILLIAM FRANCIS, PRES. CITIZENS & NO BANK	90 MAIN ST	WELLSBORO, PA	16901	1,000.00		
01/15/93	T	KEAR-OLNEY FUNERAL HOME	621 SOUTH MAIN ST PO BOX 384	ULYSSES, PA	16948-0384	50.00	5,800.00	01/28/93
01/23/93	L	CENTRELLA, ANTHONY & ANN	164 STEWART ST	OLD FORGE, PA	18518	10.00	10.00	01/28/93
01/08/93	PA	AMERICAN ASPHALT PAVING CO.	500 CHASE ROAD	SHVERTOWN, PA	18708	250.00		
01/26/93	OD	SAMPLE, LLOYD III	6412 ELMWOOD RD	CHEVY CHASE, MD	20815	5,000.00		
01/28/93	L	LUDWIG, LAWRENCE	238 VASSAR	CLARKS GREEN, PA	18411	100.00	5,350.00	02/03/93
02/02/93	L	VLASSIS, C.G. & IRENE	102 CHARLES DR	DALTON, PA	18414	25.00		
02/02/93	L	HAGGERTY, EDWARD JR. & LUCY	235 TERRACE ST	DUNMORE, PA	18512	10.00		
01/21/93	T	STRAIT, MARGUERITE	60 N MAIN ST	MANSFIELD, PA	16933	25.00		
01/25/93	L	DELEO, CAESAR & JEANNETTE	RD 3, BOX 3092	MOSCOW, PA	18444	25.00		
02/02/93	L	KENNEDY, STANLEY	521 DELAWARE ST	OLYPHANT, PA	18447	100.00		
01/25/93	S	KOMEEN, JOHN	638 MAIN ST	FOREST CITY, PA	18421	500.00		
02/05/93	S	QUIGG, J. THOMAS & SHIRLY	23 LAKE AVE	MONTROSE, PA	18801	500.00		
01/29/93	L	MCDONOUGH, JAMES	500 MCDONOUGH ST	SCRANTON, PA	18505	1,000.00		
02/01/93	L	NEALON, KENNETH & JEANENE	10 SLEEPY HOLLOW RD	CLARKS SUMMIT, PA	18411	1,000.00		
01/28/93	L	HAWK, ELMER & LOUISE	RD 6, BOX 6527	MOSCOW, PA	18444	500.00		
01/29/93	L	WELLES, C.H. ATTY	1000 BANK TOWERS BUILDG	SCRANTON, PA		500.00		
01/22/93	L	CHAMBERLAIN	156 CEDAR AVE	SCRANTON, PA	18505	5,000.00		
01/29/93	L	HENKELMAN REAL ESTATE CO	624 CEDAR AVE	SCRANTON, PA	18505	100.00	9,285.00	02/10/93
02/07/93	OD	CARLUCCI, FRANK & MARCIA	1207 CREST LANE	MCLEAN, VA	22101	400.00		
02/03/93	PA	LAKIN, EDWIN & ALMA	4640 OLEY TURNPIKE ROAD	READING, PA	19606	2,500.00		
02/06/93	OD	DOYLE, JAMES (C/O ADVEST INC.)	700-14TH ST.,NW., STE.300	WASHINGTON, DC	20004	100.00		
02/05/93	PA	FLANAGAN, JOSEPH , ATTY.		WILKES-BARRE, PA		500.00		
01/30/93	L	MILLER, KENNETH, D.D.S. & DALE	RD 3 BOX 313, SUGARBUSH ROAD	DALTON, PA	18414	25.00		
01/26/93	L	ERHARD, JOHN DR. & MAGURNEY, DAVID DR.	RR 2, BOX 2250	MOSCOW, PA	18444	25.00		
12/15/92	L	PERROTTI, P. JOSEPH, DMD	315 N MAIN AVE	SCRANTON, PA	18504	25.00		

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02/11/93	L	EMPLOYEES OF CHAMBERLAIN MFG.		SCRANTON, PA		1,306.00	4,881.00	02/18/93
02/19/93	PA	HENRY, FRANK				1,000.00		
02/13/93	L	PINE TREE MANAGEMENT CORP.	BOX 501	CLARKS SUMMIT, PA	18411	100.00		
02/19/93	S	BUCKLEY, JOHN & EMILY	RR 2, BOX 288	THOMPSON, PA	18465	15.00		
02/15/93	S	BARTRON, ROBERT & MARIE	74 CHURCH ST	MONTROSE, PA	18801	25.00		
02/16/93	S	FRANCIONI, JOHN	RR1, BOX 1029	HOP BOTTOM, PA	18824	30.00		
02/16/93	WY	HAWK, JAMES & SHEROLYN	RD 3, BOX 264	MESHOPPEN, PA	18630	20.00		
02/25/93	S	MESS, WILLIAM & ETHEL	BOX 61	LANESBORO, PA	18827	20.00		
02/13/93	S	ROSE, CHESTER	PO BOX 62	MONTROSE, PA	18801	10.00		
	S	RUDZIANSKI, JOYCE & WHITE, JOYCE	RR 4, BOX 189	MONTROSE, PA	18801	50.00		
02/11/93	S	CATERSON, DONALD & ELEANOR	28 CHERRY ST	MONTROSE, PA	18801	100.00		
02/11/93	S	MACHEK, MARY & JOSEPH	PO BOX 127, 31 RIDGE ROAD	FOREST CITY, PA	18421	20.00		
02/12/93	S	MCKEAGE, JOHN & ELEANOR	16 CEDAR ST	MONTROSE, PA	18801	25.00		
02/12/93	S	YEAGER, JACK & RUTH	14 JESSUP ST	MONTROSE, PA	18801	10.00		
02/12/93	S	BLACHEK, JOHN	19 WILSON ST	MONTROSE, PA	18801	50.00		
02/13/93	S	GARDNER, FRANK	631 SUSQUEHANNA ST	FOREST CITY, PA	18421	10.00		
02/15/93	S	FOREST CITY BEVERAGE, INC	332 MAIN ST	FOREST CITY, PA	18421	25.00	1,510.00	02/25/93
02/25/93	B	KULCZYCKI, EDWARD DR. & MRS.	721 S MAIN ST	ATHENS, PA	18810	25.00		
02/17/93	S	SQUIER, VERDON & BARBARA	PO BOX 62	SPRINGVILLE, PA	18844	50.00		
02/18/93	S	JONES, IANTHA	HCR 34, BOX 7	LERAYSVILLE, PA	18829	15.00		
02/17/93	S	BOLLES, JOHN & VIVIAN	RD 1, BOX 340	MONTROSE, PA	18801	10.00		
02/22/93	S	MITCHELL, FLORENCE	PO BOX 96	SOUTH MONTROSE, PA	18843	25.00		
02/20/93	B	SPERLAZZO, DOMINICK & ARINDA	RD 2, BOX 184	WYALUSING, PA	18853	5.00		
02/22/93	S	CONBOY, MARY ELLEN	RD 1 , BOX 8D	FRIENDSVILLE, PA	18818	20.00		
02/24/93	S	ROSS, HERMAN & PAULINE	RD 5, BOX 242	MONTROSE, PA	18801	50.00		
02/18/93	L	DANNY A. STANGO & ASSOCIATES	207 WEST GROVE ST	DUNMORE, PA	18509	50.00		
02/25/93	L	KEHRLI, WILLIAM M.D. & MARTHA	1536 N WASHINGTON AVE	SCRANTON, PA	18509	100.00	350.00	03/05/93
03/04/93	S	WARSKY, JERRY & FRANCES	BOX 121	FOREST CITY, PA	18421	1,000.00		
02/26/93	S	SWEGEL, ROBERT & NOREEN	169 CENTER ST	FOREST CITY, PA	18421	100.00		
03/01/93	S	PATZIG, RODGER & RUTH	RD 2, BOX 171	MONTROSE, PA	18801	25.00		
02/26/93	S	MASTERS, CAROL	BOX 425	HOP BOTTOM, PA	18824	75.00		
02/26/93	S	KAMEEN, WINIFRED MRS.	710 MAIN ST	FOREST CITY, PA	18421	15.00		
02/24/93	L	KAMEEN, THOMAS	219 MAIN AVE	CLARKS SUMMIT, PA	18411	15.00		

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03/01/93	S	HUBAL, LORI	RD 2, BOX 84	THOMPSON, PA	18465	25.00		
03/01/93	S	HALSEY, VINCENT	BOX 149	CLIFFORD, PA	18413	25.00		
02/25/93	S	WILLIAMS, WARREN JR. & BETTY	GRIFFIS ST	MONTROSE, PA	18801	100.00		
03/01/93	S	WELLS EXCAVATING	813 RAILROAD ST	FOREST CITY, PA	18421	10.00		
N/A	S	BRONCHELLA, JOHN	306 MYRTLE ST	SUSQUEHANNA, PA	18847	10.00	1,400.00	03/09/93
03/10/93	PA	MEEHAN, WILLIAM AUSTIN	2500 ONE LIBERTY PL	PHILADELPHIA, PA	19103	5,000.00		
03/09/93	OD	HERMAN, R.L. & PEGGY	2420 SANTA FE AVE	REDONDO BEACH, CA	90278	2,000.00	7,000.00	03/16/93
03/30/93	OD	DAUB, HAL CONGRESSMAN	1001 PA AVE.,N.W.SUITE 350-N	WASHINGTON, DC	20004	200.00	200.00	04/22/93
	L	SCRANTON FED. EMPLOYEES CREDIT UNION	PO BOX 3177	SCRANTON, PA	18505	20.00		
	L	SCASSELLATI, JAMES	300 CENTER ST	JESSUP, PA	18848	100.00		
03/05/93	OD	SPONYOE, JOHN	IBM RT 17C	OWEGO, NY	13827	100.00		
	B	CHACONA, NICHOLAS & EVELYN	BOX 189	SAYRE, PA	18840	100.00		
03/04/93	OD	THOMAS, JOHN DR.	383 LANSING STATION ROAD	LANSING, NY	14882	250.00		
03/10/93	B	SIMMONS, DONALD	807 WEST LOCKHART ST	SAYRE, PA	18840	1,000.00		
03/15/93	B	CROFT, JIM	111 HILLCREST DRIVE	SAYRE, PA	18840	1,000.00		
03/03/93	B	BECK, WILLIAM, DR.	110 VISTA DR	SAYRE, PA	18840	300.00		
03/09/93	B	KELLY, THOMAS & SHARON	707 SOUTH MAIN ST	ATHENS, PA	18810	50.00		
03/12/93	B	MEYER, RALPH & CAROL	RR 2, BOX 323	ATHENS, PA	18810	1,000.00		
03/14/93	OD	ARONSTAM, ROBERT & JOAN	452 PENNSYLVANIA AVE	WAVERLY, NY	14892	1,000.00		
03/29/93	B	LUFT, WILLIAM DR. & CAROLYN	RD 2 BOX 520	ATHENS, PA	18810	500.00		
03/22/93	OD	STAMP, PAULINE & WILLIAM	1813 W WATER ST	ELMIRA,NY	14905	500.00		
03/20/93	B	HOUSER, GEORGE	RD 2, BOX 376	ROME, PA	18837	2,000.00		
03/11/93	OD	HENDERSON, LEE & GIBSON, DONNA	421 FRONT ST	OWEGO, NY	13827	50.00		
03/11/93	L	HARTMAN, MARC & M. JAYNE	747 CLEVIO ST	OLD FORGE, PA	18518	50.00		
03/30/93	P	LINSENBIGLER, GEORGE SR.	STAR ROUTE	DINGMANS FERRY, PA	18328	100.00		
04/01/93	OD	JOHNSON, ALBERT	901 E CAMINO REAL, 3-A	BOCA RATON, FL	33432	25.00		
03/18/93	OD	CANNON FAMILY TRUST	1808 OLD MEADOW RD.NO. 1213ENCORE	MC LEAN, VA	22102	250.00		
03/19/93	PA	BUFALINO, CHARLES ATTY	16 LUZERNE AVE, SUITE 200	WEST PITTSTON, PA	18640	500.00		
03/04/93	S	PHILIP LEE DONAHUE FUNERAL HOME	64 SOUTH MAIN ST	MONTROSE, PA	18801	20.00		
03/09/93	S	CATERSON, CHRIS & PATTI	RR 1, BOX 367AA	MONTROSE, PA	18801	50.00		
	S	BAKER, DAVID	RR1, BOX 199A	MONTROSE, PA	18801	25.00		
03/09/93	S	STONE, CURITS & MARGARET	PO BOX 94	BROOKLYN, PA	18813	15.00		
03/22/93	S	ADAMS,JAMES & PAULS	PO BOX 195	HARFORD, PA	18823	100.00		

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03/30/93	OD	BERKLEY BEDELL LIVING TRUST	1807 SNOOK DR.	NAPLES, FL	33962	200.00		
03/26/93	OD	TUTHILL, JOSEPH DR. & GENEVIEVE	OX PASTURE HILL	ROWLEY, MA	01969	300.00		
03/26/93	OD	JOHNSON, RADY & MIMI	1330 MERRIE RIDGE RD	MC LEAN, VA	22101	500.00		
03/23/93	OD	CEDERBERG, E.A. & MARGUERITE	7100 SUSSEX PLACE	ALEXANDRIA, VA	22307	100.00		
03/22/93	PA	WHITESIDE, WM JR & EILEEN	7808 COBDEN ROAD, LAVEROCK	PHILADELPHIA, PA	19118	100.00		
03/23/93	OD	RHODES, JOHN & ELIZABETH	860 W MOUNTAIN VIEW DR	MESA, AZ	85201	100.00		
03/25/93	OD	HANLEY, JAMES	316 COLERIDGE AVE	SYRACUSE, NY	13204-2517	25.00		
04/15/93	OD	CHANG, NAN-SHAN & JEN-LIN TU	22 RUTH ST	OWEGO, NY	13827	50.00		
03/29/93	OD	BEEZHOLD, DONALD DR. & ELIZABETH	1201 FOSTER VALLEY ROAD	OWEGO, NY	13827	25.00		
04/02/93	S	CAMPBELL, DENISE & LUCILLE	RR 5, BOX 74	MONTROSE, PA	18801-9328	10.00		
03/29/93	OD	VEYSEY, VICTOR & JANET	960 SAN PASQUAL #303	PASADENA, CA	91106	200.00		
04/05/93	L	SALMONS, WM & DOROTHY	1330 ORAM ST	SCRANTON, PA	18504	15.00		
04/02/93	OD	CHENEY FOR CONGRESS COMMITTEE	950 KERRY	CASPER, WY	82609	2,500.00		
04/15/93	OD	HORTON, FRANK	130 EAST MAIN ST, SUITE 401	ROCHESTER, NY	14604	833.51		
03/24/93	OD	TAFT, ROBERT JR	1800 STAR BANK CENTER 425 WALNUT	CINCINNATI, OH	45202	100.00		
03/26/93	L	BELIN, HENRY IV	BOX 775	WAVERLY, PA	18471	250.00		
03/19/93	PA	BARNES, HERBERT	975 EASTON ROAD	WARRINGTON, PA	18976	1,000.00		
04/02/93	OD	WHALEN, CW, JR & BARBARA	5301 PORTSMOUTH ROAD	BETHESDA, MD	20816	50.00		
03/25/93	OD	EDWARDS, JACK & JOLANE	PO BOX 123	MOBILE, AL	36601	250.00		
03/19/93	PA	TONY DEPAUL & SON	8TH & OLNEY AVE	PHILADELPHIA, PA	19120	1,000.00		
03/03/93	B	ROCKMAN'S (TYMOSKI, MARY & GEORGE)	134 W LOCKHART ST	SAYRE, PA	18840	150.00		
03/31/93	OD	REID & PRIEST POLITICAL ACTION COMMITTEE	701 PA AVE NW SUITE 800	WASHINGTON, DC	20004	1,000.00		
03/31/93	OD	DRANOFF & PATRIZIO, PC	230 SOUTH BROAD ST, 10TH FLOOR	PHILADELPHIA, PA	19102	309.90		
03/11/93	B	TAYLOR PACKING CO, INC	PO BOX 188	WYALUSING, PA	18853	1,000.00		
03/30/93	OD	CONGRESSMAN HORTON COMMITTEE				166.49		
04/06/93	OD	WYATT, WENDELL	1211 SOUTHWEST FIFTH AVE	PORTLAND, OREGON	97204-3795	500.00		
03/18/93	OD	FORD, GERALD (FORMER PRES.) & ELIZABETH		RANCHO MIRAGE, CA	92270	300.00	20,139.90	04/22/93
03/19/93	B	TOWANDA IRON & METAL, INC.	PO BOX 309, 1 RIVER ST	TOWANDA, PA	18848	100.00		
03/17/93	B	DI-KA-TO-FARMS	RD 5, BOX 5226	TOWANDA, PA	18848	100.00		
03/12/93	B	THOMSON, ROBERT & OLIVE	RD 4, BOX 49, TOR TAMARACK FARM	WYALUSING, PA	18853	50.00		
03/22/93	B	BAKER, GARY & ANNE	5 ANN ST	TOWANDA, PA	18848	50.00		
03/03/93	B	HART, MARGUERITE	PO BOX 165	MONROETON, PA	18832	25.00		
03/16/93	B	YANUZZI, RALPH & JUDITH	111 PITNEY ST	SOUTH WAVERLY, PA	18840	100.00		

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03/17/93	B	SALPINO, THOMAS	RR 2	ULSTER, PA	18850	100.00		
03/15/93	B	INMAN, WILLIAM	305 S PENNSYLVANIA AVE	SAYRE, PA	18840	100.00		
03/08/93	B	LOUSHAY, J. CLAYTON & ESTELLE	610 CHURCH ST	ATHENS, PA	18810	50.00		
03/18/93	B	CARL, ROBERT	752 S MAIN ST	ATHENS, PA	18810	30.00		
02/23/93	B	ROSS, JEAN	117 GROGUOUS ST	SAYRE, PA	18840	30.00		
03/21/93	B	DEVITA, JOSEPH JR & CONKLIN, ALISON	405 MADISON ST	SAYRE, PA	18840	30.00		
03/05/93	B	JIM PALUZZI TOGGERYS, INC	ON ELMER AVE	SAYRE, PA	18840	20.00		
03/21/93	B	GRUE, JAMES, O.D.	19 E MAIN ST, PO BOX 257	CANTON, PA	17724	100.00		
03/03/93	SL	BAUMUNK, RICHARD & LINDA	RR1 BOX 1032	FORKSVILLE, PA	18616	60.00		
03/19/93		GOODENOUGH, H.L. JR.				100.00		
03/21/93	WY	DEWITT, FRANCES	BOX 274	FACTORYVILLE, PA	18419	30.00		
03/21/93	B	KINSMAN, MILFORD & SHIRLEY	RD 3, BOX 450	TROY, PA	16947	30.00		
03/12/93	B	VENTELLO, ANTHONY & TRUDY	RD 3, BOX 213	TOWANDA, PA	18848	200.00		
03/08/93	S	SMITH, STANLEY & BARBARA	RR1, BOX 1480	LITTLE MEADOWS, PA	18830	50.00		
03/17/93	B	REEVES, KENNETH	PO BOX 901	SAYRE, PA	18840	25.00		
03/11/93	B	MULLENDORE, JAMES & NANCY	RD 3, BOX 19, PLANK ROAD	TOWANDA, PA	18848	50.00		
03/03/93	B	MOSCRIP, RUTH	PO BOX 153	MONROETON, PA	18832	30.00		
03/17/93	B	MANLEY, GRACE & CARL	4 WESTON ST	TOWANDA, PA	18848	30.00		
03/12/93	B	MANCHESTER, MABEL	RR 1, BOX 190	ROME, PA	18837	50.00		
03/25/93	B	FOX, JACK & EDNA	RD 3, BOX 24	TOWANDA, PA	18848	50.00		
03/17/93	B	FAIRCHILD, THOMAS		TOWANDA, PA	18848	100.00		
03/09/93	B	GETRICK, FRANK	PO BOX 75	MONROETON, PA	18832	40.00		
03/19/93	B	BAXTER-GAUVIN PROPERTIES	110 BRIDGE ST	TOWANDA, PA	18848	30.00		
03/19/93	B	COOKE'S PHARMACY, INC.	CORNER MAIN & CANTON ST	TROY, PA	16947	30.00		
03/08/93	B	SACKETT, DAPHINE & KING, KAREN	RD 1, BOX 21A	MONROETON, PA	18832	15.00		
03/17/93	OD	VALLELY, CARL & BROWNRIGG, BARBARA	507 W. CHURCH ST	ELMIRA, NY	14905	15.00		
03/08/93	B	JAY CARPET CENTER	314 SOUTH MAIN STREET	ATHENS, PA	18810	15.00		
03/09/93	B	JAY FURNITURE CO	227 S. MAIN ST	ATHENS, PA	18810	15.00		
03/12/93	B	JACKSON REALTY & MOBILE HOMES, INC	RD 2, RT 6	WYSOX, PA	18854	45.00		
03/03/93	B	LADER, VAN & TAFT, LOU	RR5, BOX 5166	TOWANDA, PA	18848	30.00		
03/17/93	B	MURIEL FARRELL & ASSO.	PO BOX 561, US ROUTE 6	WYSOX, PA	18854	30.00		
03/20/93	B	BEIRNE, SEAN	RD 2, BOX 71, MCDUFFEE ST	SAYRE, PA	18840	30.00		
03/10/93	B	ROCKMANS	134 W LOCKHART ST	SAYRE, PA	18840	30.00		

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03/21/93	B	SMITH, GEORGE & JANET	RR2, BOX 245A	WYSOX, PA	18854	15.00		
03/21/93	B	LAFY, CARL & JOYCE	RD 1, BOX 161A	TOWANDA, PA	18848	30.00		
03/19/93	B	LEWIS, GEORGIA	209 POPLAR ST	TOWANDA, PA	18848	30.00		
03/19/93	LY	CALISTRI, LELAND & RUTH	1024 FIRST AVE	WILLIAMSPORT, PA	17701	30.00		
03/20/93	LY	BULLOCK, R.A. & CAROLYN	1416 LOCUST ST	WILLIAMSPORT, PA	17701	30.00		
03/18/93	LY	CURCHOE, CARL & MARGUERITE	1235 CRESTFIELD DR	WILLIAMSPORT, PA	17701	30.00		
03/15/93	LY	GERBER, THOMAS	1202 SPRUCE ST	MONTOURSVILLE, PA	17754	30.00		
03/12/93	LY	GRIECO, JOSEPH & MADGELINE	BOX 241	JERSEY SHORE, PA	17740	30.00		
03/18/93	LY	PREZIOZI, PHILLIP & CARMILLA	812 POPLAR ST	WILLIAMSPORT, PA	17701	30.00		
03/19/93	B	TAYLOR PACKING CO, INC	PO BOX 188	WYALUSING, PA	18853	75.00		
03/21/93	B	WOOD, ANNA & FORDHAM	118 PINE TREE ROAD	SAYRE, PA	18840	15.00		
03/21/93	B	BALLARD, EDWARD & GRACE	RD 1 BOX 219	GILLETT, PA	16925	30.00		
	LY	WRIGHT, RANDAL & LINDA	2507 NORTH HILLS DRIVE	WILLIAMSPORT, PA	17701-2928	30.00		
03/21/93	S	HOOPER, JOHN	PO BOX 39	CLIFFORD, PA	18413	45.00		
04/21/93	B	FOX, CHARLES & URSULA	RR 3, BOX 445	TROY, PA	16947	30.00		
03/18/93	B	SHOEMAKER, LUCILLE	PO BOX 4	GRANVILLE SUMMIT, PA	16926	15.00		
03/21/93	PA	BUTCHER, DALE				30.00		
03/02/93	OD	HOGAN, WILLIAM	PO BOX 229	WAVERLY, NU	14892	15.00		
03/08/93	B	KEIR, TED & EVELYN	601 N MAIN ST	ATHENS, PA	18810	15.00		
03/04/93	B	LEHR, W.E. & BETTY	313 HAYDEN ST	SAYRE, PA	18840	30.00		
03/04/93	B	WISNIEWSKI, LEO & MARGARET	130 FRANCIS ST	SAYRE, PA	18840	30.00		
03/18/93	B	WARNER, ALLEN & SHARON	400 LINCOLN ST	SAYRE, PA	18840	15.00		
03/21/93	B	SMITH, HOWARD & OLYNDA	RD 3, BOX 261	TROY, PA	16947	30.00		
03/21/93	L	DEVITA, MARIE	228 ALICIA ST	OLD FORGE, PA	18518	15.00		
03/19/93	B	SULLIVAN, MARY	413 FIRST ST	ATHENS, PA	18810-1406	15.00		
03/04/93	B	PALUZZI, EUGENE	504 N ELMER AVE	SAYRE, PA	18840	15.00		
03/12/93	SL	RAFF, ROBERT & PATRICIA	PO BOX 261	LAPORTE, PA	18626	15.00		
03/18/93	LY	STARR, TWILA	RR1, BOX 817	MUNCY VALLEY, PA	17758	15.00		
03/21/93	WY	MULTHAUF, ARLEEN & JAMES	PO BOX 356	FACTROYVILLE, PA	18419	30.00		
03/20/93	L	GUNTON, RUSSELL & PATRICIA	RR 2, BOX 341	DALTON, PA	18414	30.00	2,810.00	04/30/93
03/21/93	B	ZULICK, JOHN SHOENER III	RR 5, BOX 5152	TOWANDA, PA	18848	30.00		
03/04/93	B	TURISSINI, DAVID & DANILLE	781 S MAIN ST	ATHENS, PA	18810	30.00		
03/03/93	S	DEWING, DIANA & CHARLES	RR1, BOX 1363	LITTLE MEADOWS, PA	18830	15.00		

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03/09/93	B	BARRETT, SUSAN	RR3, BOX 391, JACKSON ROAD	TROY, PA	16947	30.00		
03/10/93	LY	LARSON, DONABEL & KENNETH	RD 4, BOX 114	MONTOURSVILLE, PA	17754	30.00		
03/18/93	PA	RIPPON, THOMAS ATTY	PO BOX 265	MIFFLINBURG, PA	17844	30.00		
03/21/93	PA	GARRETT, BOB & ELAINE	PO BOX 311, 429 FRONT ST	NEW BERLIN, PA	17855	15.00		
03/19/93	B	ZETTLEMOYER, ANNA MARIA & EARL	RD 1, BOX 119	TOWANDA, PA	18848	30.00		
03/06/93	B	ZEGARSKI, WILLIAM & MARY	RD 1, BOX 64A	TOWANDA, PA	18848	30.00		
03/17/93	B	WALTER, MARJORIE	RD 2, BOX 461B	SAYRE, PA	18840	15.00		
03/03/93	B	VANHORN, JAMES & CONNIE	329 WILLIAM ST	TOWANDA, PA	18848	15.00		
02/24/93	B	SPENTZAS, C.J.	3 ELLIOTT ST	TOWANDA, PA	18848	15.00		
03/03/93	B	SCHLAPPI, ADOLPH & MILDRED	RD 1, BOX 342	TROY, PA	16947	15.00		
03/18/93	B	SCHRADER, EDWARD & NANCY	313 HARRISON ST	SAYRE, PA	18840-1521	30.00		
03/01/93	B	ROCKEFELLER, RICHARD & SHIRLEY	RD 2, BOX 425	ROME, PA	18837	30.00		
03/19/93	B	ROBERTS, GLENN & ANNA	RD 1, BOX 118	TOWANDA, PA	18848	15.00		
03/12/93	B	NEWMAN, RAY & ANNE	RR1, HILLCREST DRIVE	TOWANDA, PA	18848	60.00		
03/19/93	B	MADIGAN, ROGER & MARGARET	RD 3	TOWANDA, PA	18848	30.00		
02/20/93	S	MASTERS, JACK & CAROL	BOX 425	HOP BOTTOM, PA	18824	30.00		
03/03/93	B	LUCKEY, VERNON & DORA HELEN		SYLVANIA, PA	16945	15.00		
03/10/93	B	LASCO, GEORGE DR.	400 N MAIN ST	ATHENS, PA	18810	30.00		
03/17/93	B	KUYKENDALL, KAREN	125 BRESSLER ST	SAYRE, PA	18840	15.00		
03/18/93	B	KOOS, PHILIP JR. & MRS.	3 CHERRY ST	TOWANDA, PA	18848-1927	30.00		
03/17/93	B	KERR, HOWARD & ANN	524 MAIN ST	TOWANDA, PA	18848	30.00		
03/08/93	T	HUNTINGTON, WAYNE & GERTRUDE	RD 2, BOX 107	CO CROSS ROADS, PA	16914	30.00		
03/01/93	WY	HUNSINGER, RICHARD & ALICE	RD 2, BOX 16A	LACEYVILLE, PA	18623	30.00		
03/20/93		HINCKLEY, THEODORE				15.00		
03/15/93	B	HAY, ROBERT & LILLIE	RD 1, BOX 86	WYALUSING, PA	18853	45.00		
02/23/93	B	FILLIBEN, BERNADINE & RONALD	103 SPRUCE ST	TOWANDA, PA	18848	30.00		
02/24/93	B	FERRARIO AUTO CENTER	RR 6, BOX 6013A	TOWANDA, PA	18848	30.00		
03/17/93	B	ENNIS, JAMES & DOROTHY	BOX 172	WYSOX, PA	18854	15.00		
03/18/93	B	ELDRIDGE, ADELBERT & CLARA	RD 1, BOX 71 HILLCREST DR	TOWANDA, PA	18848	30.00		
03/12/93	B	DEMANGONE, JOHN & MARY ALICE	404 SOUTH FIFTH ST	TOWANDA, PA	18848	30.00		
03/02/93	B	CLARK, BUDD & ALMEDA	BOX 98	WYSOX, PA	18854	60.00		
03/03/93	B	BURLEIGH, REX	PO BOX 78	CO CROSS ROADS, PA	16914	15.00		
03/18/93	B	BLACKALL, TOM & SHIRLEY	RD 1, BOX 187	MONROETON, PA	18832	30.00		

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03/17/93	B	BARRETT, DANIEL ATTY & JANICE	723 1/2 SOUTH MAIN ST	ATHENS, PA	18810	30.00		
03/20/93	B	BABCOCK'S GARAGE	RR 3, BOX 3002	ROME, PA	18837	30.00		
03/18/93	B	ALLEN, GERALD & AUDREY	RR1, BOX 259A	TOWANDA, PA	18848	30.00		
03/18/93	B	ALOYSI ENGINEERING SERVICES, INC	375-A YORK AVE	TOWANDA, PA	18848	15.00		
03/17/93	B	CAIN, ROBERT & LISA	RD 2, BOX 162	TOWANDA, PA	18848	15.00		
03/21/93	B	SULLIVAN, CHARLOTTE	RD 2, BOX 81	TOWANDA, PA	18848	15.00		
03/18/93	B	TAYLOR, BRIAN	RD1, BOX 188	ROME, PA	18837	15.00		
03/19/93	B	HENRY DUNN, INC. INSURANCE-REAL ESTATE		TOWANDA, PA	18848	30.00		
03/11/93	B	ABELL, THOMAS	10 CHERRY ST	TOWANDA, PA	18848	100.00		
03/10/93	B	ABELL, GLADYS	PO BOX 1	ROME, PA	18837	10.00		
03/16/93	B	BARRETT, PATRICK III, ATTY	21 TROY ST PO BOX 157	CANTON, PA	17724	110.00		
03/08/93	T	BARTLETT, OLIVER RICHARD	103 EAST MAIN ST	MANSFIELD, PA	16933	15.00		
02/06/93	B	BAXTER, GEORGE	900 N ELMER AVE	SAYRE, PA	18840	20.00		
03/21/93	B	BEAMER, PAUL	118 YORK AVE	TOWANDA, PA	18848	600.00		
03/18/93	B	BEAMER, PAUL	118 YORK AVE	TOWANDA, PA	18848	200.00		
03/21/93	B	BEIRNE, MAUREEN ATTY	RR 2, BOX 528	ATHENS, PA	18810	250.00		
03/24/93	B	BEIRNE, ROBERT				250.00		
03/24/93	B	BEIRNE, ROBERT				250.00		
03/18/93	B	BENNETT, DOROTHY	BOX 831	WYALUSING, PA	18853	15.00		
03/04/93	B	BERKOWITZ, ROY & ANGELA	RD1, BOX 40-A6	MONROETON, PA	18832	500.00		
02/05/93	B	BERKOWITZ, ROY & ANGELA	RD1, BOX 40-A6	MONROETON, PA	18832	100.00		
03/21/93	B	BERTRAND, FRANK & SUSAN	RD 3, BOX 264	TOWANDA, PA	18848	20.00		
03/27/93	B	BURKE, LARRY & MARILYN	RD 1	SUGAR RUN, PA	18846	10.00		
03/08/93	B	CHADWICK, HAROLD, MD		WYSOX, PA	18854	25.00		
03/16/93	B	CROCKER, JAMES & BEVERLY	338 WEST LOCKHART ST	SAYRE, PA	18840	10.00		
02/05/93	B	DANIELS, ELIZABETH & SIDNEY	PO BOX 371	SAYRE, PA	18840	20.00		
03/07/93	B	DAY, GENE & BETTY	BOX 225	NEW ALBANY, PA	18833	25.00		
03/01/93	B	EPSTEIN, MAURICE	108 VALLILEE PL	SAYRE, PA	18840	25.00		
02/26/93	B	FORTNEY, DAVID & MILDRED	301 N FOURTH ST	TOWANDA, PA	18848-1415	100.00		
03/20/93	B	GALLAGHER, DONALD & REBECCA	107 THIRD ST	TOWANDA, PA	18848	30.00		
03/20/93	B	GANNON, MAX JR.	PO BOX 327	TOWANDA, PA	18848	1,000.00		
03/08/93	B	FERRARIO AUTO CENTER	RR 6 BOX 6013A	TOWANDA, PA	18848	100.00	4,940.00	04/30/93
03/19/93	B	GEIGER, DOROTHY	RD 1, WILDWOOD ROAD	SAYRE, PA	18840	10.00		

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03/20/93	B	GORE, CARL & FRANC	RD 2	ULSTER, PA	18850	30.00		
03/02/93		HUGO, IVAN				50.00		
02/07/93	OD	HUSTLER, JOHN & AMELIA	546 NEAPOLITAN LANE	NAPLES, FL	33940	25.00		
03/03/93	B	JONES, ROY & BEVERLY	RD 1, BOX 1-H	WYALUSING, PA	18853	25.00		
03/03/93	B	KOOS, PHILIP JR. & MRS.	3 CHERRY ST	TOWANDA, PA	18848-1927	500.00		
02/05/93	B	LABARR, DAVID	202 1/2 CHEMUNG ST	SAYRE, PA	18840	100.00		
03/13/93	B	LANDON, FRANK & JOYCE	RD 1, BOX 361	CANTON, PA	17724	25.00		
03/01/93	B	LANGFORD, RALPH & DORIS	105 W VANDERBILT ST	ATHENS, PA	18810	15.00		
03/17/93	B	MADIGAN, ROGER & MARGARET	RD 3	TOWANDA, PA	18848	50.00		
02/04/93	B	MANLEY, GRACE & CARL	4 WESTON ST	TOWANDA, PA	18848	100.00		
02/08/93	B	MILLER, WILLIAM & MARY	112 IROQUOIS ST	SAYRE, PA	18840	10.00		
02/24/93	B	MCDONOUGH, MARGARET	RR 1, BOX 37D	SUGAR RUN, PA	18846	25.00		
03/15/93	B	MCMORRAN, PHYLLIS	RD 1, BOX 222	TOWANDA, PA	18848	25.00		
03/04/93	PA	MORELLI, JOSEPH & LISA	14 ANDREW LANE	LANSDALE, PA	19446	90.00		
03/09/93	B	NORTHROP, AMOS JR.	PO BOX 93	ROME, PA	18837-0093	5.00		
03/12/93		O'CONNELL, MICHAEL				15.00		
03/10/93	OD	O'CONNELL, FRANK & MARY	1462 S.E. BERNARDO TERRACE	PORT ST. LUCIE, FL	34952	75.00		
03/03/93		PACKARD, DAVID				50.00		
02/06/93	B	PAULS, CHESTER & MARGARET	RD 2, BOX 29	CANTON, PA	17724	25.00		
03/05/93	B	RIVERS, C.S. & HAIGHT, JOANN	226 S MAIN ST	ATHENS, PA	18810	10.00		
03/07/93	B	SCRANTON, GARY & MARY	RD 1, BOX 33	MONROETON, PA	18832	25.00		
03/20/93	L	SERAFINI, FRANK & LOUIS	603 MAIN ST	MOOSIC, PA	18507	90.00		
	B	SETZER, ROBERT & ISABELLE	410 W LOCKHART ST	SAYRE, PA	18840	50.00		
03/22/93	B	SHADDUCK, DAVID & MARLET	RT 1, BOX 501	WARREN CENTER, PA	18851	25.00		
03/12/93	B	SHAFFER, MARGOT	RD 1 BOX 181	WYALUSING, PA	18853	25.00		
03/17/93	WY	SHERWOOD, DONALD	RR 6, BOX 198	TUNKHANNOCK, PA	18657	30.00		
03/17/93	WY	SICK, DONALD & JEAN	23 SPRUCE ST	TUNKHANNOCK, PA	18657	30.00		
	B	SMITH, DAVID JR	363 YORK AVE	TOWANDA, PA	18848	50.00		
03/03/93	B	SMITH, GEORGE & JANET	RR2, BOX 245A	WYSOX, PA	18854	25.00		
02/08/93	OD	TURNER,DAVID & MARION	1810 GULF SHORE BLVD N APT E-3	NAPLES, FL	33940	25.00		
03/20/93	B	TURRELL, G. HENRY				250.00		
03/03/93	B	VELEKER, THOMAS & WILMA	924 S MAIN ST	TOWANDA, PA	18848	20.00		
03/18/93	B	WEBER, ALBERT	601 S MAIN ST	ATHENS, PA	18810	100.00		

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03/20/93	B	WELLER, H.E.	307 N MAIN ST	ATHENS, PA	18810	30.00		
01/15/93	T	WYDRA, DENNIS & CYNTHIA	50 WAKEFIELD TERRACE	MANSFIELD, PA	16933	25.00		
03/03/93	B	DESISTI & KEEFFEE, ATTYS	325 N KEYSTON AVE	SAYRE, PA	18840	500.00		
03/17/93		EFFIEF, DONALD				50.00		
03/10/93	B	BIRD SUMNER AGENCY	315 S MAIN ST PO BOX 226	ATHENS, PA	18810	25.00	2,635.00	04/30/93
N/A	WY	ADAMS, WALTER	RD 6, BOX 115	TUNKHANNOCK, PA	18657	15.00		
N/A	B	ANTICOLI, DON	103 CHEMUNG ST	SAYRE, PA	18840	15.00		
N/A	B	ALPER, BARB	RD 1, BOX 125-A1	TOWANDA, PA	18848	30.00		
N/A	B	BARRETT, ED	19 ORCHARD ST	TOWANDA, PA	18848	30.00		
N/A	B	BARRETT, ERICK	RD 3, BOX 310	WYALUSING, PA	18853	15.00		
N/A	B	BARTHOLO, KENNETH	RR 6	TOWANDA, PA	18848	90.00		
N/A	SL	BAUMUNK, L. DALE	PO BOX 1	SHUNK, PA	17768	23.00		
N/A	B	BEEMAN, MILDRED	RD 3, BOX 117	TOWANDA, PA	18848	30.00		
N/A	B	BLOOMER, ED	311 POPLAR ST	TOWANDA, PA	18848	15.00		
N/A	B	BRONSON, BETTY	RD 2, BOX 18	TOWANDA, PA	18848	15.00		
N/A	B	BRUNTLETT, STEVE	PO BOX 134	TOWANDA, PA	18848	15.00		
N/A	B	BRUTZMAN, MIKE & SHARON	900 WILMOT DR	TOWANDA, PA	18848	30.00		
N/A	B	BRYDEN, PEGGY & GARY	RR 2, BOX 240	ROME, PA	18837	30.00		
N/A	B	BUJAN, JOSEPH MR & MRS	21 PORTER PLACE	TOWANDA, PA	18848	30.00		
N/A	B	CADY, WALLY	RD 3	TOWANDA, PA	18848	30.00		
N/A	B	CALKINS, TOM III	RD 3, BOX 38	TROY, PA	16947	15.00		
N/A	B	CALKINS, TOM	RD 3, BOX 8	TROY, PA	16947	15.00		
N/A	B	CHADWICK, JAY	RR 1, BOX 28	WYALUSING, PA	18853	15.00		
N/A	B	CHAMBERLAIN, LOIS	231 N ELMIRA ST	SAYRE, PA	18840	15.00		
N/A	B	CLAVERACK R.E.C. INC	RR 2, BOX 17	WYSOX, PA	18854-9781	15.00		
N/A	B	DODD, SUE		TOWANDA, PA	18848	15.00		
N/A	B	EVANS, STEVE	30 WATTS ST	TOWANDA, PA	18848	15.00		
N/A	B	FAIRCHILD, P.J.	401 MAIN ST	TOWANDA, PA	18848	15.00		
N/A	B	FERRARIO, ROBIN & DON	RR 5 BOX 5393	TOWANDA, PA	18848	30.00		
N/A	B	FICE, LIZ	823 N WILBAR	SAYRE, PA	18840	15.00		
N/A	SL	FIESTER, FRED & HELEN	RR 1, BOX 820	MUNCY VALLEY, PA	17758	30.00		
N/A	B	FLETCHER, BOB	365 YORK	TOWANDA, PA	18848	15.00		
N/A	B	FRIEDMAN, SID	205 S ELMER	SAYRE, PA	18840	15.00		

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N/A	B	FRIEND, RICHARD	RD 1 BOX 128	SAYRE, PA	18840	15.00		
N/A	B	GAUVIN, ARTHUR JR.	110 BRIDGE ST	TOWANDA, PA	18848	15.00		
N/A	B	GLOSENGER, KEN	PO BOX 237	SAYRE, PA	18840	15.00		
N/A	B	GREENOUGH, ROBERT & SHIRLEY	RD 2	COL. X RDS, PA	16914	30.00		
N/A	SL	HENDERSON, ROBERT & ANN	PO BOX 3	SHUNK, PA	17768	30.00		
N/A	B	HULSLANDER, JOHN & MARJORIE	RD 3	TROY, PA	16947	30.00		
N/A	B	JONES, T. EVAN	508 THIRD ST	ATHENS, PA	18840	15.00		
N/A	B	KING, JOLENE	PO 148	TOWANDA, PA	18848	15.00		
N/A	B	KIZER, JOHN	6 FOSTER RD	TOWANDA, PA	18848	15.00		
N/A	WY	LEE, KEN	99 WEST ST	TUNKHANNOCK, PA	18657	15.00		
N/A	B	LEFCHAK, JAY	303 E. FREDERICK	ATHENS, PA	18810	15.00		
N/A	B	LENOX, MICHELLE	8 FOSTER ROAD	TOWANDA, PA	18848	15.00		
N/A	B	MCLINKO, D.E.	PO BOX 345	WYSOX, PA	18854	15.00		
N/A	B	MORNINGSTAR, JOHN & VALERIE	RR5, BOX 5038	TOWANDA, PA	18848	30.00		
N/A	B	MURPHY, BOB & ANN	RD 1M BOX 92	TOWANDA, PA	18848	30.00		
N/A	B	O'HARA, MARIE	RD2, BOX 341	CANTON, PA	17724	15.00		
N/A	L	ORECK, PAUL	220 LINDEN ST #29	SCRANTON, PA	18503	30.00		
N/A	B	RALUZZI, GENE	504 E ELMER AVE	SAYRE, PA	18840	15.00		
N/A	L	RAVE, ROSE	209 ABBEY DR	CLARKS SUMMIT, PA	18411	30.00		
N/A	B	RINTER, DONALD MR. & MRS.	RR 5 BOX 5137	TOWANDA, PA	18848	30.00		
N/A	SL	SCHOCH, DOROTHY	202 WATER ST BOX 133	DUSHORE, PA	18614	15.00		
N/A	B	SEETON, JOHNNA	RD2, BOX 197	TROY, PA	16947-9536	15.00		
N/A	L	SEIG, GEORGE	3317 BIRNEY AVE	MOOSIC, PA	18507	15.00		
N/A	L	SERAFINI, FRANK	919 S MAIN ST	OLD FORGE, PA	18518	15.00		
N/A	B	SHAW, MICHAEL & BETH	116 N ELMER	SAYRE, PA	18841	30.00		
N/A	B	SPENCER, STELLA & LINCOLN	RD 3 BOX 119	TOWANDA, PA	18848	30.00		
N/A	B	SPENCER, JAMES & SHERRY	309 S WILBAR AVE	SAYRE, PA	18840	30.00		
N/A	B	STEVENS, BRIAN	RD 4, BOX 28	WYALUSING, PA	18853	15.00		
N/A	B	STORCH, ROBERT	RD 3, BOX 123	TROY, PA	16947	15.00		
N/A	B	SWEENEY, JOHN	613 N ELMER AVE	SAYRE, PA	18840	30.00		
N/A	B	THOMSON, BOB	BOX 49 RD 4	WYALUSING, PA	18853	15.00		
N/A	B	TOWNER, JIM	920 MAIN ST	TOWANDA, PA	18848	15.00		
N/A	W	TREAT, JEFF	836 CHURCH ST	HONESDALE, PA	18431	15.00		

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N/A	PA	TRRSTON, MYRNA	127 S 47H ST	LEWISBURG, PA		15.00		
N/A	B	VANDUZER, RAY	226 ANN ST	ATHENS, PA	18810	15.00		
N/A	B	VANFLEET, SHARON	RR 2, BOX 464 B	SAYRE, PA	18840	15.00		
N/A	B	WALSH, CHRISTOPHER	4 THOMAS ST	TOWANDA, PA	18848	15.00		
N/A	B	WARBURTON, WALTER JR.	R 5	TOWANDA, PA	18848	30.00		
N/A	W	WILKEN, BRIAN & EMILY	RR 1, BOX 635	HONESDALE, PA	18431	30.00		
N/A	B	WINAL, HARRY	RD 2 BOX 112	TOWANDA, PA	18848	15.00		
N/A	B	WOLFF, ALPHA	BOX 145 RD 4	TOWANDA, PA	18848	15.00		
N/A	B	WOOD-WALTER, CHERYL	RR 1, BOX 101A	ATHENS, PA	18810	15.00	1,478.00	04/30/93
04/19/93	OD	KELLY, HAROLD	410 OBERLIN RD, S.W.	MASSILLON, OH	44647	250.00		
03/23/93	B	LIDELL, WILLIAM & MARY	RD 2, BOX 358	ROME, PA	18837	25.00		
04/27/93	OD	REYNOLDS, W.G. JR.	101 DOVERLAND ROAD	RICHMOND, VA	23229	25.00		
04/20/93	L	JORDAN, WILLIAM M.D.	200 MIFFLIN AVE	SCRANTON, PA	18503	250.00		
04/19/93	OD	RAILSBACK, THOMAS	3643 ST MARY'S PL	WASHINGTON, D.C.	20007	100.00		
03/26/93	T	CLAVERACK RURAL ELECTRIC COOPERATIVE, INC	R2, BOX 17	WYSOX, PA	18854-9781	210.00		
04/23/93	PA	LEWIS, ECKERT, ROBB & CO	ONE PLYMOUTH MEETING	PLYMOUTH MEETING, PA	19462	1,000.00	1,860.00	05/05/93
04/30/93	OD	CAHILL, WILLIAM	25 CHESTNUT ST	HADDONFIELD, NJ	08033	500	500	05/11/93
02/16/93	OD	O'SHAUGHNESSY, WILLIAM	1 BROADCAST FORUM	NEW ROCHELLE, NY	10801	250.00		
03/29/93	B	BURLINGTON, PATRICIA	HCR 34, BOX 7	LE RAYSVILLE, PA	18829	10.00		
03/27/93	B	MEYER, KENNETH M.D.	118 HILLCREST DR	SAYRE, PA	18840	1,000.00		
03/27/93	B	PARKS, JAMES	RR NO 5, BOX 5386	TOWANDA, PA	18848	50.00		
04/02/93	B	MANCHESTER, MURIEL	RR 1, BOX 243	ROME, PA	18837	10.00		
05/06/93	OD	COOPER, THOMAS & HELEN	9401 EAGLE RIDGE DRIVE	BETHESDA, MD	20817	1,000.00		
05/06/93	OD	FREEMAN, MARY ANN	2811A S. WOODROW ST	ARLINGTON, VA	22206	100.00		
05/06/93	OD	LAPLANTE, CLIFFORD & VERA	30 COUSTEAU LANE	AUSTIN, TX	78746	100.00		
05/05/93	OD	DOYLE, FRANK	65 BERMUDA RD	WESTPORT, CT	06880	1,000.00		
03/25/93	B	MOORE, LLOYD & RUTH	RD 1, BOX 95	ROME, PA	18837	10.00		
04/05/93	B	MARYOTT, CLAYTON & JANE	502 THIRD ST	TOWANDA, PA	18848	50.00		
03/22/93	OD	BOUKELIF, LUIS	21111 WOODSPRING AVE	BOCA RATON, FL	33428	74.50		
05/18/93	PA	CITIZENS FOR SCHULZE COMMITTEE	PO BOX 417	PAOLI, PA	19301	1,000.00		
05/10/93	OD	ROGERS, PAUL	555 - 13TH ST., N.W.	WASHINGTON, D.C.	20004	100.00		
05/11/93	PA	COUGHLIN FOR CONGRESS COMMITTEE	PO BOX 147	NORRISTOWN, PA	19404	1,000.00	5,754.50	05/20/93
05/19/93	OD	MARSH, JOHN JR. & SUSAN	3425 N ALBERMARLE ST	ARLINGTON, VA	22207	100.00		

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05/20/93	L	GRAF, ALAN & PATRICIA	520 OLD COLONY ROAD	CLARKS SUMMIT, PA	18411	3,000.00		
05/20/93	L	AKZO	PO BOX 352 ABINGTON EXECUTIVE PK	CLARKS SUMMIT, PA	18411-0352	4,000.00	7,100.00	05/25/93
N/A	L	SCASSELLATI, JOHN	300 CENTER ST	JESSUP, PA	18434	100.00		
05/24/93	L	ECKEL, KEITH & FREDERICK	RD 2, BOX 384	CLARKS SUMMIT, PA	18411	1,000.00		
05/24/93	L	CIANCI, FRANK DDS & MARY AN	215 OLD POWDER MILL ROAD	JESSUP, PA	18434-1508	50.00		
05/25/93	L	DIRIENZO, STEPHEN SPC/AC	900 UNION ST	TAYLOR, PA	18517	100.00		
05/24/93	L	ALPERIN, JAMES & ROSEANN	515 OLD COLONY ROAD	CLARKS SUMMIT, PA	18411	100.00		
05/27/93	L	ROSENSTEIN, EUGENE	950 N KEYSER AVE	SCRANTON, PA	18504	500.00		
06/02/93	L	MURPHY, LOUIS MD & MURIEL	821 TAYLOR AVE	SCRANTON, PA	18510	200.00		
05/27/93	L	WILLIAM J. MORAN CONTRACTING	119 BROOK ST	CARBONDALE, PA	18407	50.00		
05/23/93	OD	DUNCAN, ROBERT	PO BOX 284	YACHATS, OR	97498-0284	250.00		
06/04/93	PA	BUTTS, ROBERT & PATRICIA	5 PINEWOOD DRIVE	LAFLIN, PA	18702	100.00		
06/05/93	L	WRIGHT, MARY	1527 N WEBSTER AVE	SCRANTON, PA	18509	300.00		
06/05/93	L	WRIGHT, ELIZABETH	1527 N WEBSTER AVE	DUNMORE, PA	18509	200.00		
06/07/93	L	DONAHOE, GIRARD & ALICE	15 STARLIGHT DR	CLARKS GREEN, PA	18411	100.00		
06/09/93	W	BRAZ, CHARLS & SHIRLEY	RD 4, BOX 371	LAKE ARIEL, PA	18436	20.00		
05/24/93	L	KIRTLAND, DAVID	900 BATTLE ST	SCRANTON, PA	18508	500.00		
05/25/93	L	DAVIS, NEAL D.O.	52 DUNDAFF ST	CARBONDALE, PA	18407	50.00		
05/26/93	L	MUTTALL, EDWARD	825 ELECTRIC ST	SCRANTON, PA	18509	200.00		
06/01/93	L	THE PC WORKSHOP	PO BOX 255	EYNON, PA	18403	250.00		
06/03/93	W	GRAB, JOSEPH	BOX 97	GOULDSBORO, PA	18424	50.00		
06/03/93	L	BURKE, HERY PATRICK ATTY.	812 CONNELL BLDG	SCRANTON, PA	18503	250.00		
06/04/93	OD	RUPPE, PHILIP	1819 L ST NW SUITE 300	WASHINGTON, DC	20036	200.00		
06/08/93	L	GERSHEY, JOHN JR D.M.D. P.C.	401 ADAMS AVE, SUITE 302	SCRANTON, PA	18510	50.00		
05/24/93	L	ACTION INC.	1569 MAIN ST PO BOX A	PECKVILLE, PA	18452	250.00		
05/25/93	L	COOPER'S SEAFOOD HOUSE	701 N WASHINGTON AVE	SCRANTON, PA	18509	100.00		
05/26/93	L	COMMUNITY CARPET CLEANING CO	954 MAIN ST	PECKVILLE, PA	18452	100.00		
05/28/93	PA	HOLTZMAN, SEYMOUR & EVELYN				500.00		
05/26/93	L	ABINGTON CAR COMPLEX	PO BOX 460 927 N STATE ST	CLARKS SUMMIT, PA	18411	100.00		
06/01/93	L	M & M REAL ESTATE	PO BOX 12	SCRANTON, PA	18501	100.00		
06/01/93	L	PROPERTY SERVICES COMPANY	325 ADAMS AVE	SCRANTON, PA	18503	100.00		
06/02/93	L	WARREN DIAMOND POWDER CO. INC	1401 E LACKAWANNA ST PO BOX 177	OLYPHNAT, PA	18447-0177	100.00		
06/02/93	L	GENTEX CORPORATION		CARBONDALE, PA	18407	5,000.00		

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06/04/93	L	THE APOTHECARY, INC	4113 BIRNEY AVE	MOOSIC, PA	18507	100.00		
05/28/93	L	ALLIED FENCE MANUFACTURING CO	1275 N KEYSER AVE	SCRANTON, PA	18508	100.00		
06/02/93	L	INT'L COFRESPONDENCE SCHOOLS	925 OAK ST	SCRANTON, PA	18515	1,000.00		
06/03/93	L	SCRANTON LABEL, INC	1949 NEWTON RANSOM BOULEVARD	CLARKS SUMMIT, PA	18411	300.00		
06/03/93	L	GREENFELLOW, INC	1300 MORGAN HIGHWAY	CLARKS SUMMIT, PA	18411	100.00		
06/08/93	L	GRINDEL ELEVATOR CO. INC	372 N MAIN ST	TAYLOR, PA	18517	25.00		
06/04/93	L	DANNY A. STANGO & ASSOCIATES	207 WEST GROVE ST	DUNMORE, PA	18509	25.00		
06/03/93	L	SIMPLEX INDUSTRIES INC.	KEYSER VALLEY IND. PARK SIMPLEX DR	SCRANTON, PA	18504	500.00		
06/04/93	L	DAPSIS PLUMBING & HEATING CONTRACTORS	411 CLARK AVE	CLARKS SUMMIT, PA	18411	40.00		
05/22/93	OD	MCGRATH FOR CONGRESS COMMITTEE	878 LONGARRA AVE	NORTH WOODMERE, NY	11581	1,000.00		
06/01/93	L	BOLUS FREIGHT SYSTEMS, INC	700 NORHT KEYSER AVE	SCRANTON, PA	18504	500.00		
06/07/93	L	DUNMORE ROOFING & SUPPLY CO.,INC	158 TIGUE ST	DUNMORE, PA	18512	25.00	14,685.00	06/11/93
03/25/93	B	BRUTZMAN, LOIS & WILLIAM	RD 1 BOX 93	TOWANDA, PA	18848	15.00		
04/01/93	B	BOK, MARILYN	107 BRESSLER ST	SAYRE, PA	18840	100.00		
06/08/93	L	TR U/A WM SCRANTON	PNC BANK PENN AVE	SCRANTON, PA	18501	5,000.00		
06/08/93	L	MARY L SCRANTON INCOME & EXP ACCT	PNC BANK PENN AVE	SCRANTON, PA	18501	5,000.00		
06/04/93	L	THE SPOTLESS CLEANERS, INC.	410 FIFTH ST	DUNMORE, PA	18512-2797	25.00		
06/09/93	L	TEXTILES, INC.	1779 N KEYSER AVE	SCRANTON, PA	18508	50.00		
06/09/93	PA	GIANT FLOOR & WALL COVERING CO., INC	1345 HIGHWAY 315	WILKES-BARRE, PA	18702-7003	50.00	10,240.00	06/15/93
06/06/93	OD	HEWITT, FRANKIE	9523 STANHOPE ROAD	KESINGTON, MARYLAND	20895	250.00		
06/11/93	L	BURKE, AUSTIN JR. & MARIANNE	263 LAUREL ST	ARCHBALD, PA	18403	1,000.00		
06/11/93	OD	O'CONNELL, DESMOND JR. & ROBERTA	834 CLAYTON AVE	BAY HEAD, NJ	08742	100.00		
06/13/93	L	LAIRD, WENDY	711 S ABINGTON RD	CLARKS SUMMIT, PA	18411	5.00		
06/15/93	PA	WISDO, CONSTANCE & ROBERT	54 POPLAR ST	DALLAS, PA	18612	20.00		
06/16/93	L	LANE, DOUGLAS	1049 NORTH SEKOL ROAD	SCRANTON, PA	18504	100.00		
06/11/93	L	ALL-AMERICAN TROPHY CO.	1415 CAPOUSE AVE	SCRANTON, PA	18509	100.00		
06/10/93	L	THOMSON CONSUMER ELECTRONICS	200 KEYSTONE INDUSTRIAL PARK	SCRANTON, PA	18512-4511	5,000.00	6,575.00	06/22/93
06/16/93	L	GIALLORENZI, ALBERT DR. & DIANA	1 ADAMS PLAZA	SCRANTON, PA	18510	25.00		
06/13/93	L	NEALON, WILLIAM & JEAN	18 TIFFANY DRIVE	SCRANTON, PA	18505	100.00		
06/15/93	L	MCGOWAN, ANDREW MSGR.	736 JEFFERSON AVE	SCRANTON, PA	18510	250.00		
06/17/93	L	VIPOND, DAVID	BOX 24	WAVERLY, PA	18471	100.00		
06/03/93	PA	HEINZ, MRS. H.J. III	ROSEMONT FARM FOX CHAPEL	PITTSBURGH, PA	15238	2,500.00	2,975.00	06/22/93
06/16/93	OD	COMM TO RE-ELECT D MARTIN - CONGRESS	PO BOX 507	CANTON, NEW YORK	13617	1,000.00		

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1993 DEPOSIT SCHEDULE
01-01-93 TO 07-31-93

CHECK DATE	CNTY CODE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
06/23/93	L	BOLTON, CATHERINE	C/O AKZO SALT PO BOX 362	CLARKS SUMMIT, PA	18411-0362	200.00		
06/17/93	L	AITKEN, GORDON & AUDREY	C/O AKZO SALT PO BOX 362	CLARKS SUMMIT, PA	18411-0362	200.00		
06/17/93	L	ARMSTRONG, ARHTUR & LYNNE	30 WOODLAND DRIVE	PECKVILLE, PA	18452	200.00		
06/14/93	L	BITCHKO, E.W.	241 E GROVE ST	CLARKS GREEN, PA	18411	200.00		
06/11/93	L	BURNS, HARRY III	PO BOX 344	WAVERLY, PA	18471	200.00		
06/14/93	L	CROWLEY, FRANCIS & MARGARET	105 PRINCETON AVE	CLARKS GREEN, PA	18411	200.00		
06/19/93	L	DICKERSON, ROGER & SHELLEY	135 BELMONT AVE	CLARKS SUMMIT, PA	18411	200.00		
06/21/93	L	FITZGERALD, W.E. & EVELYN	113 UPLAND TERRACE	CLARKS SUMMIT, PA	18411	200.00		
06/15/93	L	JONES, ROBERT JR. & MAUREEN	120 FOX RUN CIRCLE	CLARKS SUMMIT, PA	18411	200.00		
06/15/93	PA	MENIK, JOSEPH	66 EAST OAK ST	PITTSTON, PA	18640	200.00		
06/11/93	L	O'CONNOR, GERALD	PO BOX 72	WAVERLY, PA	18471	200.00		
06/16/93	L	PESLAK, ALAN & ANN	240 KATHLEEN DRIVE	PECKVILLE, PA	18452	200.00		
06/15/93	W	ROTH, MARK	RD 6, BOX 697	LAKE ARIEL, PA	18436	100.00		
06/21/93	L	STEELE, ROBERT & SAUNDRA	189 EDGEWOOD DR	CLARKS SUMMIT, PA	18411	200.00		
06/17/93	L	THOMPSON, GEORGE & SONDRA	110 UPLAND TERRACE	CLARKS SUMMIT, PA	18411	200.00		
06/13/93	L	VALENTE, JOSEPH & SOPHIA	105 APPLE VALLEY CIRCLE	CLARKS SUMMIT, PA	18411	200.00		
06/11/93	L	WEBB, JAMES JR. & BRENDA	207 WILLOW RD	DALTON, PA	18414	200.00		
06/21/93	OD	CLIFF MADISON GOV'T RELATIONS, INC	1611 LANDFALL DR	WILMINGTON, NC	28403	500.00		
06/14/93	L	WEA MANUFACTURING INC.	PO BOX 321	OLYPHANT, PA	18447	5,000.00	9,800.00	06/30/93
N/A						1.00		
06/28/93	L	EDWARD, JEANNE	BOX 14	DALTON, PA	18414	10.00		
06/28/93	L	VAN HORN, CHARLES & WINIFRED	337 FIRST ST	BLAKELY, PA	18447	25.00		
05/27/93	OD	EMERY, ARTHUR	43264 SUNNYPOINT DT	STERLING HEIGHTS, MI	48313-2166	10.00		
06/01/93	L	ALLERGRUCCI, ARMANDO	127 SOUTH MERIFIELD AVE	SCRANTON, PA	18504	25.00		
06/01/93	L	BOLAND, PARTICK & MARGARET	1008 SUNSET ST	SCRANTON, PA	18509	25.00		
06/08/93	L	SANFORD, MARILYN	306 W. GROVE ST	DUNMORE, PA	18512	25.00		
05/21/93	L	SCHURKO, JOHN	205 CHURCH ST	OLYPHANT, PA	18447	35.00		
05/19/93	L	DINE, ROBERT & JILL	BOX 262, BEECH ST	WAVERLY, PA	18471-0262	50.00		
06/01/93	OD	PETTY, JOHN & EVELYN	17203 ALTA VISTA	SOUTHFIELD, MICH.	48075	50.00		
05/27/93	OD	MACKLIN, HENRY	7433 PARKDALE	WEST BLOOMFILED, NJ	48322	100.00		
05/28/93	L	BRERETON, HARMAR MD. & LESLIE	RD 3, SUGARBUSH ROAD	DALTON, PA	18414	100.00		
06/13/93	L	JACOBSON, HOWARD & CLAIRE	76 OAKFORD GLEN	CLARKS SUMMIT, PA	18411	100.00		
06/02/93	M	LINN, MASON & YVONNE	HCR 1 BOX 29	MT. POCONO, PA	18344	100.00		

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

1993 DEPOSIT SCHEDULE
01-01-93 TO 07-31-93

CHECK DATE	CNTY CODE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
06/02/93	L	CAMELI, GEORGE & ELAINE	620 E WARREN ST	DUNMORE, PA	18512	100.00		
06/02/93	L	MORRIS, WILLIAM & ANN	94 MONROE AVE	OLD FORGE, PA	18518	100.00		
05/28/93	OD	BLEDSOE, THOMAS & CATHLEEN	524 N ROCHDALE DR	ROCHESTER HILLS, MICH	48309	100.00		
06/01/93	OD	SULLIVAN, BRIGIDA & PATRICK	57 GROSSE PINES DR	ROCHESTER HILLS, MI	48309	100.00		
05/28/93	OD	WATTERS, JOHN & RITA	1900 MARCASTLE CT	ROCHESTER HILLS, MI	48309	100.00		
05/26/93	OD	CLAYSMITH, CHARLES & MARIANNE	1322 ARBOR CRK.	ROCHESTER HILLS, MI	48306	100.00		
05/27/93	OD	ROBERTS, HOWARD & LORRAINE	2856 CHANCERY CT	ROCHESTER HILLS, MI	48306	100.00		
06/01/93	OD	HALL, CHARLES & JANE	2833 EAGLE DR.	ROCHESTER HILLS, MI	48309	100.00		
06/02/93	L	DURKIN, ROBERT & SHARON	417 DELAWARE AVE	OLYPHANT, PA	18447	100.00		
06/02/93	PA	CANNON, JOSEPH	72 W UNION ST	WILKES-BARRE, PA	18702	100.00		
06/02/93	OD	GUZOWSKI, ROBERT JR. & JANIECE	33215 WENDY DR	STERLING HEIGHTS, MI	48310	100.00		
05/17/93	L	LAPERA, BERNARD	41 RIVER ST	CARBONDALE, PA	18407	100.00		
05/07/93	L	BORYS, JOSEPH & DOROTHY	RD 1, BOX 631A	OLYPHANT, PA	18447	100.00		
05/20/93	W	MCANDREW, TONI	STAR ROUTE	PLEASANT MOUNT, PA	18453	100.00		
05/13/93	L	BURKE, AUSTIN JR & MARIANNE	263 LAUREL ST	ARCHABALD, PA	18403	100.00		
05/26/93	L	GILLBOARD OUTDOOR ADVERTISING	902 PROSPECT AVE	SCRANTON, PA	18505	100.00		
05/26/93	L	GILLBOARD OUTDOOR ADVERTISING	902 PROSPECT AVE	SCRANTON, PA	18505	100.00		
05/26/93	L	COGNETTI, PETER M.D.	802 JEFFERSON AVE	SCRANTON, PA	18510	100.00		
05/26/93	L	VLADIKA INSURANCE AGENCY	649 WASHINGTON AVE PO BOX 9	JERMYN, PA	18433	100.00		
05/22/93	L	SALKO, GERALD D.D.S.	59 7TH AVE	CARBONDALE, PA	18407	100.00		
06/04/93	W	SEBASTIANELLI'S SEAFOOD MARKET	ROUTE 590	HAMLIN, PA	18403	100.00		
05/25/93	L	NE PA PLASTIC SURGERY ASSO., LTD	1222 MARION ST	DUNMORE, PA	18509	100.00		
05/24/93	L	CREAVEY SEAL CO	RD 1, BOX 276	OLYPHANT, PA	18447	100.00		
05/24/93	L	FERRARIO, JOSEPH	205 N MAIN AVE	SCRANTON,PA	18504	200.00		
06/01/93	L	AVANTI CIGAR CO	1015 NORTH MAIN AVE	SCRANTON, PA	18504	200.00		
05/21/93	W	LA BANK		LAKE ARIEL, PA	18436	200.00		
05/26/93	L	NUTTALL, EDWARD	825 ELECTRIC ST	SCRANTON, PA	18509	300.00		
05/20/93	PA	KELLY, E.J.	BOX 1141	KINGSTON, PA	18704	400.00		
05/27/93	L	GAVIN, THOMAS	534 MOOSIC ST	SCRANTON, PA	18505	400.00		
05/28/93	L	SPEICHER, THOMAS & JOANN	PO BOX 163	ARCHBALD, PA	18403	400.00		
05/25/93	L	CONNORS, JAMES & SUSAN	2630 BIRNEY AVE	SCRANTON, PA	18505	400.00		
06/02/93	L	P.A. HUTCHISON CO	1155 RIVER ST	SCRANTON, PA	18505	400.00		
05/21/93	PA	MORELLI, JOSEPH & LISA	14 ANDREW LANE	LANSDALE, PA	19446-1402	400.00		

JOSEPH M. MCDADE LEGAL DEFENSE FUND

PNC BANK CHECKING ACCOUNT #531-00791-9

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01-01-93 TO 07-31-93

CHECK DATE	CNTY CODE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
05/12/93	L	SPECIALTY PLASTIC PRODUCTS, INC	530 SHERWOOD AVE	DUNMORE, PA	18512	400.00		
05/26/93	L	SOMERS, RICHARD & ANN	727 PRESCOTT AVE	SCRANTON, PA	18510	500.00		
05/27/93	L	LORAL CONTROL SYSTEMS	KENNEDY DRIVE	ARCHBALD, PA	18403	900.00		
05/21/93	L	RITTENHOUSE, THOMAS DR. & MARY	120 NELSON ST	CLARKS GREEN, PA	18411-1552	250.00		
05/24/93	L	THE CHARLES B. SCOTT CO	400 S WASHINGTON AVE PO BOX 5909	SCRANTON, PA	18505	250.00	8,556.00	06/30/93
06/29/93	L	KLEMO, LOTTIE	520 OAK STREET	OLD FORGE, PA	18518	25.00		
07/02/93	L	LORUSSO, SALVATORE	1104 WHEELER AVENUE	DUNMORE, PA	18512	25.00		
06/30/93	OD	VIGNONE, RUDOLPH	15 STONEY CREEK WAY	POTOMAC, MD	20854	100.00		
07/01/93	WY	O'HORA, T. MORGAN	PO BOX 150	LAKE WINOLA, PA	18625	100.00		
06/30/93	L	GRIFFIN, MARY MEGARGEE	SUGARBUSH RD. R.D. NO. 3	DALTON, PA	18414	250.00		
07/02/93	L	CHISDAK, CAROL	RR 4, 330 BARBARA DR.	MOSCOW, PA	18444	30.00		
06/30/93	L	SYLVESTER CHEVROLET, INC.	1609 MAIN ST	PECKVILLE, PA	18452	250.00		
06/28/93	OD	CARRIER COAL ENTERPRISES	11 E 44TH ST., STE. 1700	NEW YORK, NY	10017	250.00		
06/29/93	L	NE PA PLASTIC SURGERY ASSO. LTD.	1222 MARION STREET	DUNMORE, PA	18509	500.00		
06/29/93	OD	BAKER, JAMES III	555 13TH STREET, N.W. SUITE 500EAST	WASHINGTON, DC	20004-1109	1,000.00		
07/05/93	L	BRERETON, HARMAR M.D. & LESLIE	RD 3, SUGAR BUSH DR.	DALTON, PA	18414	1,000.00	3,530.00	07/07/93
07/12/93	W	BORICK, JOAN ANN	PO BOX 54	LAKEVILLE, PA	18438	25.00		
07/08/93	L	MARQUARDT, RICHARD	PO BOX 26	WAVERLY, PA	18471	1,000.00		
07/08/93	L	KAHANOWITZ, LOUIS & DIANE	PO BOX 406, 425 FRANKLIN AVE	SCRANTON, PA	18501	100.00		
07/02/93	L	ROSEMERGEY, DELMARWADE	619 LINCOLN AVE	JERMYN, PA	18433	20.00		
07/09/93	L	KREDER, BROOKS, HAILSTONE & LUDWIG ATTY	321 SPRUCE ST., SUITE 200 PO BOX 966	SCRANTON, PA	18501	1,000.00		
06/15/93	L	MAC SIGN SYSTEMS	1111 STAFFORD AVE	SCRANTON, PA	18505-2420	35.00	2,180.00	07/15/93
07/14/93	OD	YACONE, JILL	350 9TH ST., SE NO 15	WASHINGTON, DC	20003	100.00		
07/16/93	S	MARSHMAN, JOYCE & GEORGE	PO BOX 103	SOUTH MONTROSE, PA	18843	25.00		
07/15/93	L	SUNDAY, WARREN & RUTH	1323 BLUCHER AVE	SCRANTON, PA	18505	10.00		
07/10/93	L	MOSKOVITZ, ANN & LEO	8 OLD MILL ROAD	JERMYN, PA	18433	500.00	635.00	07/22/93
07/21/93	L	CESARE, JOSEPH JR.	120 OLD ORCHARD RD	CLARKS GREEN, PA	18411	250.00		
07/21/93	L	CESARE, K.KELLY	120 OLD ORCHARD RD	CLARKS GREEN, PA	18411	250.00		
07/21/93	L	CESARE, JOSEPH DR. & MRS.	120 OLD ORCHARD RD	CLARKS GREEN, PA	18411	500.00		
07/21/93	OD	HORNER, CHARLES, LTC & MARY	2123 MARLBORO DRIVE	ALEXANDRIA, VA.	22304	50.00		
07/29/93	OD	BUCKNER, ROY	1101 PENNSYLVANIA AVE NW SUITE 400	WASHINGTON, DC	20004	100.00		
07/20/93	OD	KILLEEN, JOHN & ANNE	8317 RISING RIDGE WAY	BETHESDA, MD	20817	100.00		
07/20/93	OD	SMITH, RICHARD	12810 WYCKLAND DR.	CLIFTON, VA	22024	100.00		

JOSEPH M. MCDADE LEGAL DEFENSE FUND

1993 DEPOSIT SCHEDULE
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CHECK DATE	CNTY CODE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
07/21/93	L	LEE ELECTRIC SUPPLY CO. INC.	240 HICKORY ST	SCRANTON, PA	18505	100.00		
07/15/93	L	W.S. HAMMERMAN	729 N. LINCOLN AVE	SCRANTON, PA	18504	25.00	1,475.00	07/29/93
********		TOTALS				154,469.40	154,469.40	*******

JOSEPH M. McDADE LEGAL DEFENSE FUND

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1991 DEPOSIT SCHEDULE
AUGUST 01, 1991 FORWARD

CHECK DATE	CNTY CODE	NAME	STREET ADDRESS	CITY STATE	ZIP CODE	CORP CONTACT	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
		BALANCE FORWARD FR 01 01 91 TO 07 31 91					154,469.40	154,469.40	
N/A	L	SPENCER, CHARLES	1112 1/2 LOOMIS AVE	SCRANTON, PA	18504		10.00		
07/06/93	OD	MATTOON, DANIEL & JANE	6144 CAVALIER CORRIDOR	FALLS CHURCH, VA	22044		50.00		
07/21/93	OD	RHODES, JOHN & ELIZABETH	860 W MOUNTAIN VIEW DR	MESA, AZ	85201		100.00		
07/20/93	OD	HAMBERGER, EDWARD	4908 JAMESTOWN RD	BETHESDA, MD	20816 2709		100.00		
07/21/93	OD	DYER, JAMES & MARGIA	3811 WHITMAN ROAD	ANNANDALE, VA	22003		250.00		
07/20/93	OD	MADSEN, ROBERT & MARCIA	3229 ABERFOYLE PL	WASHINGTON, DC	20015		500.00		
07/19/93	OD	LOWERY, WILLIAM & KATHLEEN	9712 MIDDLETON RIDGE RD	VIENNA, VA	22182		500.00		
07/20/93	OD	BARLEY, DOUGLAS & PATRICIA	282 NORTH WASHINGTON ST	FALLS CHURCH, VA	22046		1,000.00		
07/20/93	OD	BOGGS, THOMAS & BARBARA	2550 M STREET, N.W.	WASHINGTON, D.C.	20037		1,000.00		
07/20/93	OD	WILKES, BRENT	631 2ND AVE	CHULA VISTA, CA	91910		500.00		
07/19/93	OD	CONEY, JOEL	1911 N FORT MYER DR SUITE 809	ARLINGTON, VA	22209		500.00		
08/02/93	L	CICHY, NATALIE & EUGENE	1269 FRANKLIN ST	OLD FORGE, PA	18518		100.00		
08/01/93	L	DECKER, WALTER & MARY	PO BOX 834 204 S WASHINGTON AVE	JERMYN, PA	18433		50.00		
08/01/93	L	HOMICH, GEORGE & ARLENE	2109 N MAIN AVE	SCRANTON, PA	18508		50.00		
08/02/93	L	FLANAGAN, JOHN & MOLLIE	646 QUINCY AVE	SCRANTON, PA	18510		10.00		
08/02/93	L	TETTO, FRANK & LOUISE	111 OLD RIDGE RD	ARCHBALD, PA	18403		10.00		
08/01/93	L	BURKE, BRIDGET	418 W DRINKER ST	DUNMORE, PA	18512		5.00		
08/02/93	L	CANCELLI, ANTHONY & BETTY	2 OLD MILL ROAD	JERMYN, PA	18433		20.00		
08/01/93	L	FOY, MARY & JOHN	207 N CAMERON AVE	SCRANTON, PA	18504		10.00		
08/02/93	L	PALMASANI, FRANK & LAURA	623 CONNELL ST	SCRANTON, PA	18505		10.00		
08/02/93	L	MANNION, JOHN & MARY	28 RACHEL DR	ARCHBALD, PA	18403		50.00		
08/01/93	WY	MARUNICH, JOHN & JANICE	RD 1, BOX 420 A	FALLS, PA	18615		100.00		
08/02/93	L	ROETH, JOHN	127 N FILLMORE AVE	SCRANTON, PA	18504 3423		25.00		
08/02/93	L	KEARNEY, EDWARD & MARY	RD 6, BOX 6486	MOSCOW, PA	18444		25.00		
08/02/93	L	MITCHELL, JEAN	499 MULBERRY ST, APT 202	SCRANTON, PA	18503		5.00		
08/02/93	L	FREIDENBURG, RUTH	203 YERU LANE	SCRANTON, PA	18505 2759		25.00		
08/02/93	L	PUTMAN, JOHN MR. & MRS.	1318 W GIBSON ST	SCRANTON, PA	18504 1152		100.00		
08/02/93	L	WESNESKI, AGNES & CARL	643 LINCOLN ST	DICKSON CITY, PA	18519		100.00		
08/01/93	OD	WESNESKI, ANTHONY	7 STARROW DR	NEWBURGH, NY	12550		25.00		
08/01/93	L	ABRLANALP, EDWARD	717 SOUTH MAIN ST	OLD FORGE, PA	18518		50.00		
08/01/93	M	DUDASH, ELIAS & CATHERINE	20 HOLLY FOREST DR	MOUNT POCONO, PA	18344		20.00		
	WY	MACEDONIO, ANGELO, & AMPARO	RR 1, BOX 1028	FACTORYVILLE, PA	18419		10.00		

JOSEPH M. MCDADE LEGAL DEFENSE FUND

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CHECK DATE	CNTY CODE	NAME	STREET ADDRESS	CITY STATE	ZIP CODE	CORP CONTACT	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
08/01/93	L	HAMM, RUTH	502 WEST GROVE	CLARKS SUMMIT, PA	18411		25.00		
08/03/93	L	SLOTO, ANDREW & CLIA	107 ANN ST	PECKVILLE, PA	18452		5.00		
08/03/93	L	LAWRENCE, ANTHONY	1624 MONROE AVE	DUNMORE, PA	18509		50.00		
08/02/93	L	BARRETT, VINCENT	635 MOOSIC ST	SCRANTON, PA	18505		100.00		
08/03/93	L	SOCHOVKA, GEORGE & FRANCES	216 CAMINS PARKWAY	CLARKS SUMMIT, PA	18411		25.00		
08/02/93	L	MANDEL, HAROLD & NATALIE	413 HARRISON AVE	SCRANTON, PA	18510		10.00		
08/02/93	L	SCHWARTZ, PHILIP	1740 MONROE AVE	DUNMORE, PA	18509		15.00		
08/01/93	L	RUBY, MARY	1717 CLAY AVE REAR	DUNMORE, PA	18509		15.00		
08/01/93	L	GARIBALDI, JOHN & JOAN	539 PALM ST	SCRANTON, PA	18505		35.00		
08/02/93	W	ATKINSON, THOMAS	HC 1, BOX 800	LAKEVILLE, PA	18438		5.00		
08/03/93	L	FAHEY, DOLORES	136 TIGUE ST	DUNMORE, PA	18512		10.00		
08/03/93	L	CONMY, JOHN & MARIE	413 QUINCY AVE	SCRANTON, PA	18510		100.00		
08/02/93	L	VALLEZANO, ANTHONY	103 MARION ST	SCRANTON, PA	18509		25.00		
07/27/93	OD	PINSKEY, JACK & FANYE	3524 POINCIANA DR, APT 605	LAKE WORTH, FL	33467		25.00		
07/20/93	L	MONICK, EUGENE & BARBARA	WAVERLY ROAD, GLENBURN	DALTON, PA	18414		50.00		
08/03/93	L	GHILARDI, JOSEPH	1445 MAIN ST	PECKVILLE, PA	18452		100.00		
07/06/93	L	HARDING, DAVID & MCDADE, WILLIAM FAMILIES					2,000.00		
07/19/93	OD	DRESSENDORFER LAIRD, INC	1710 RHODE ISLAND AVE, NW NO 210	WAHINGTON, DC	20036		150.00		
07/13/93	OD	T. DEL SMITH & CO	905 16TH ST	WASHINGTON, DC	20006		300.00		
07/20/93	OD	GERLAU & ASSO. INC	801 PA AVE NW SUITE 500	WASHINGTON, DC	20004		500.00		
07/20/93	OD	MICHEL FOR CONGRESS COMMITTEE	1029 N GLENWOOD AVE	PEORIA, ILL	61606		1,000.00		
07/20/93	OD	WILLIAMS & JENSEN	1101 CONNECTICUT AVE NW	WASHINGTON, DC	20036		1,000.00		
07/19/93	OD	AUDIO, INC	10915 TECHNOLOGY PLACE	SAN DIEGO, CA	92127		2,000.00		
07/20/93	OD	ENRON CORP	750 17TH ST NW 4TH FLOOR	WASHINGTON, DC	20006-4602		500.00		
07/15/93	OD	BLACK, MANAFORT, STONE & KELLY	211 NORTH UNION ST	ALEXANDRIA, VIRGINIA	22314		500.00		
07/20/93	OD	FRIENDS OF BOB LIVINGSTON	PO BOX 6329	NEW ORLEANS, LOUISIANA	70174-6329		1,000.00	14,855.00	08/05/93
N/A	L	POPICK, RAYMOND	136 VALLEY VIEW DRIVE	PECKVILLE, PA	18452-1706		15.00		
08/02/93	L	GREGORSKI, ALBERT & BLANCH	RD 6, BOX 5344	MOSCOW, PA	18444-9805		10.00		
08/02/93	W	BEARDSLEY, REGINA & DORA	BOX 53	WHITE MILLS, PA	18473		5.00		
08/02/93	L	BURKE, MARJORIE	145 PINE ST	ARCHBALD, PA	18403		10.00		
08/04/93	L	MALOSH, JOSEPH & SUSAN	225 CHAMBERS ST	TAYLOR, PA	18517		50.00		
08/03/93	L	JONES, THOMAS & MYRTLE	918 SO NINTH AVE	SCRANTON, PA	18504		10.00		
08/02/93	L	ROBINSON, WILHELMINA	401 ARTHUR AVE	SCRANTON, PA	18510-2354		10.00		

JOSEPH M. MCDADE LEGAL DEFENSE FUND

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1993 DEPOSIT SCHEDULE
AUGUST 01, 1993 FORWARD

CHECK DATE	CNTY CODE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CORP. CONTACT	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
08/03/93	L	JENKINS, FRANK & FLORENCE	1116 RICHMONT ST	SCRANTON, PA	18509		25.00		
08/03/93	L	WESLOWSKI, STANLEY	1210 SWETLAND ST	SCRANTON, PA	18504		10.00		
08/05/93	L	KROPA, ADOLPH & OLGA	26 THROOP ST	SCRANTON, PA	18508		25.00		
08/02/93	L	FAHRINGER, JAY & RACHAEL	101 CHAMBERS ST	TAYLOR, PA	18517		25.00		
08/03/93	WY	DUFFY, ELISE	RD 2, BOX 2452	NICHOLSON, PA	18446-9641		15.00		
08/03/93	L	COLLINS, DAVID	1423 MONSEY AVE	SCRANTON, PA	18509		10.00		
08/01/93	L	BOSCH, EMIL	50 PARK ST	CARBONDALE, PA	18407		5.00		
08/04/93	L	MUNLEY, MARY	168 WHITE OAK ST	ARCHBALD, PA	18403		25.00		
07/19/93	L	CHAMPION FORD OF SCRANTON, INC	118 LINDEN ST PO BOX 550	SCRANTON, PA	18501		100.00		
08/09/93	L	SARDELLA, BARBARA & STEPHEN	436 SPRUCE ST., APT. 603	SCRANTON, PA	18503		25.00		
08/10/93	L	REGAN, FLORENCE	499 MULBERRY ST., APT 803	SCRANTON, PA	18503-1516		5.00		
08/07/93	L	CURTIS, RUTH & CHARLES JR.	RR 5, BOX 5434	MOSCOW, PA	18444		20.00		
07/22/93	OD	BANTON, LINDA	2267 GUNSMITH SQUARE	RESTON, VA	22091		200.00		
08/08/93	L	PRIMERANO, TIMOTHY & SUSAN	PO BOX 3123	SCRANTON, PA	18505-0123		25.00		
08/10/93	L	MORAN, JANE	412 CHURCH ST	ARCHBALD, PA	18403		5.00		
08/10/93	L	FEDOR, STEPHEN & GRACE	318 WILLOW ST	DUNMORE, PA	18512		5.00		
08/09/93	L	O'MALLEY, DONALD & MARGARET	920 GRANDVIEW ST	SCRANTON, PA	18509		25.00		
08/05/93	L	CARTER, ROBERT & ANN MARIE	413 WARD ST	DUNMORE, PA	18512		5.00		
08/04/93	WY	WIGGINS, CHARLES	RD 4	TUNKHANNOCK, PA	18657		10.00		
08/06/93	L	NALASCHI, DINO	157 SECOND ST	OLD FORGE, PA	18518		25.00		
08/04/93	L	SWALLOW, MARION & PETER	801 W GRANT ST	BLAKELY, PA	18447-1223		25.00		
08/06/93	L	ORECK, PAUL, VICE-PRESIDENT	220 LINDEN ST	SCRANTON, PA	18503		50.00		
08/06/93	L	CERMINARO, FANK & JOANN	57 JEFFERSON ST	SIMPSON, PA	18407		10.00		
08/07/93	L	VAIL, BRUCE	410 RUSHBROOK ST	JERMYN, PA	18433		5.00		
08/07/93	L	RUDDY, PAUL & ANN	1717 GREEN RIDGE ST	DUNMORE, PA	18509		25.00		
08/09/93	L	RODWELL, BRUCE & MARGARET	200 TULIP CIRCLE	CLARKS SUMMIT, PA	18411		25.00		
08/03/93	L	HUDSON, JOHN & GRACE	322 CEMETERY ST	PECKVILLE, PA	18452		5.00		
08/04/93	L	BRISKEY, ANNE & RALPH	623 E ELM ST	SCRANTON, PA	18505		5.00		
08/06/93	WY	CALPIN, JOHN & MARIE	RR 3, BOX 2774	NICHOLSON, PA	18446		15.00		
08/04/93	L	MCHALE, ALICE	30 B PARK GARDENS	SCRANTON, PA	18509		10.00		
08/07/93	L	REBAR, JOSEPH & ETHEL	935 RICHMONT ST	SCRANTON, PA	18509		25.00		
08/09/93	L	ELIAS, THOMAS	RD5, BOX 5009	MOSCOW, PA	18444		20.00		
08/07/93	W	DEGEROLAMO, ALBERT & EMMA	RD 3, BOX 476	LAKE ARIEL, PA	18436-9803		10.00		

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CHECK DATE	CNTY CODE	NAME	STREET ADDRESS	CITY, STATE	ZIP CODE	CORP. CONTACT	CHECK AMOUNT	DEPOSIT AMOUNT	DEPOSIT DATE
08/06/93	L	PICCOLO MONDO, INC.	208-10 DEPOT ST	CLARKS SUMMIT, PA	18411		100.00		
08/03/93	L	OPPENHEIM, RICHARD	718 TAYLOR AVE	TAYLOR, PA	18510		100.00		
08/05/93	L	RUBENFELD, JACK, ESQ	217 MELROSE AVE	CLARKS SUMMIT, PA	18411		25.00		
07/20/93	OD	THE TOBACCO INSTITUTE	1875 I STREET, NORTHWEST	WASHINGTON, DC	20006		5,000.00	6,155.00	08/11/93
N/A	L	ROGAN, JESSICA DAWN AND ROGAN, BILLY	2106 WAYNE AVE	SCRANTON, PA	18508		5.00		
08/11/93		GAJEWSKI, CHESTER, MSGR.	PO BOX 549	POCONO LAKE, PA	18347		25.00		
08/12/93	L	WALKER, ANN	1001 ELECTRIC ST	SCRANTON, PA	18509		10.00		
08/09/93	L	BURKE, PATRICK	263 LAUREL ST	ARCHBALD, PA	18403		25.00		
08/01/93	L	RAINEY, MARK & KAREN	2202 CEDAR AVE	SCRANTON, PA	18505		25.00		
08/11/93	WY	BRUNDAGE, JEFFREY & LUCINDA	PO BOX 529	FACTORYVILLE, PA	18419		20.00		
08/09/93		MATTIOLI, JOSEPH DR. & ROSE DR.	PO BOX 500	LONG POND, PA	18334		1,000.00		
08/12/93	L	GOLDEN, JOHN & RUTH	414 SAGINAW ST	SCRANTON, PA	18505		50.00		
08/15/93	L	CAMPION, MARY	724 N IRVING AVE	SCRANTON, PA	18510		50.00		
08/14/93	L	MCDONALD, JOSEPH & MARGARET	1608 JEFFERSON AVE	DUNMORE, PA	18509		50.00	1,260.00	08/18/93
08/17/93	P	SUTHERLAND, SANDURN	HC BOX 159	PAUPACK, PA	18451		125.00		
08/13/93	WY	GRANDINETTI, VIOLET	22 BIRCH DRIVE	TUNKHANNOCK, PA	18657		10.00		
08/13/93	L	FELIX, JACOB & SALLY	724 FIG ST	SCRANTON, PA	18505		100.00		
08/13/93	L	MORAN, JAMES & VERONICA	204 ERIE ST	JESSUP, PA	18434		25.00		
08/17/93	L	SCHIEBER, ROBERT & JOHN	R.D. #4, BOX 4210	MOSCOW, PA	18444		20.00		
08/20/93	OD	MINISH, JOE & THERESA	66 SHERIDAN AVE	WEST ORANGE, NJ	07052		200.00		
08/18/93	L	DUTKA, JOHN, JR.	410 N. RIVER ST	OLYPHANT, PA	18447		10.00		
08/19/93	L	GIANACOPOULOS, LOUIS & KATHERINE	330 N. LINCOLN AVE	SCRANTON, PA	18504		15.00	505.00	08/25/93
08/09/93	L	BREEN, WILLIAM S. & MARGUERITE S.	103 SEAN DR	CLARKS SUMMIT, PA	18411		25.00		
07/28/93	OD	PFOTENHAUER, KURT	316 PENSYLVANIA AVE, SE., SUITE 304	WASHINGTON, DC	20003		50.00		
07/27/93	OD	ROGERS, JAMES A.	316 PENNSYLVANIA AVE, SE, SUITE 304	WASHINGTON, DC	20003		100.00		
07/27/93	OD	CHAPMAN, GEORGE S., III	5000 ATHERTON	LONG BEACH, CA	90815		100.00		
07/28/93	OD	WELLMAN, ARNOLD F.	316 PENNSYLVANIA AVE, SE, SUITE 304	WASHINGTON, DC	20003		100.00		
07/28/93	OD	SMALLS, DOUGLAS C.	316 PENNSYLVANIA AVE, SE, SUITE 304	WASHINGTON, DC	20003		50.00		
07/27/93	OD	WILL, ROBERT P.	1825 EYE ST, NW, SUITE 920	WASHINGTON, DC	20006		200.00		
08/30/93	OD	STANTON AND ASSOCIATES	1310 - 19TH ST, NW, 467-4333	WASHINGTON, DC	20036		2,500.00		
07/28/93	OD	INTERSTATE NATURAL GAS ASSOC. OF AMERIC	655-13TH ST, NW, SUITE 300 WEST	WASHINGTON, DC	20004		400.00		
09/03/93	L	MESKO GLASS CO.	WYOMING AVE & NEW ST	SCRANTON, PA	18509		1,000.00	4,525.00	09/07/93
08/03/93	OD	JOHNSON, MICHAEL S. & TRICIA L.	830 KINGS RETREAT DR	DAVIDSONVILLE, MD	21035		50.00		

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06/18/93	OD	SHELLEY, ZACK H. JR.	1212 FALSTER RD	ALEXANDRIA, VA	22308		200.00		
07/07/93	W	LINDE, ERIC & MARY ANNE	200 SPRING HILL RD	HONESDALE, PA	18431		500.00		
06/07/93	L	APPLETON, PROF. AMITA S.	209 CLAREMONT AVE	CLARKS SUMMIT PA	18411		50.00		
08/02/93	L	SCHMIDT, ARTHUR S. & CAROL A.	106 CAMINS PARKWAY	CLARKS SUMMIT, PA	18411		100.00		
08/02/93	L	KAVULICH, JOSEPH F.	1902 BUNDY ST	SCRANTON, PA	18508		15.00		
09/03/93	L	ALINOSKI, JOSEPH M.	181 CHESTNUT ST	ARCHBALD, PA	18403		25.00		
09/06/93	L	HEDGES, GEORGE D.	R.D.1, BOX 1052, CRYSTAL LAKE	CARBONDALE, PA	18407		100.00		
09/12/93	L	DENSEVICH, CHARLES & DOROTHY	816 LACONIA CIRCLE	CLARKS SUMMIT, PA	18411		25.00		
09/07/93	L	GABRIEL, HARRY	MIDVALLEY MANOR-STURGES RD	PECKVILLE, PA	18452		50.00		
08/12/93	L	TROPIAK, ROBERT J.	182 PHILLIP ST	THROOP, PA	18512		25.00		
09/09/93	PA	GOLDEN BUSINESS MACHINES, INC	183-185 CHURCH ST, P.O. BOX 1700	KINGSTON, PA	18704		500.00		
07/22/93	L	INTERNAT'L ASSOC.OF MACHINISTS LODGE 923	115 MEADOW AVE	SCRANTON, PA	18508		546.00	2,185.00	09/17/93
09/18/93	L	MUMFORD, HARRY W. & JULIA F.	MAIN & ACADEMY STREETS	WAVERLY, PA	18471		50.00		
09/14/93	WY	SEGARS, RICHARD W. & DARDEN, DEBORAH	P.O. BOX 297	LAKE WINOLA, PA	18625		100.00		
09/20/93	L	TRACY, GERALD P., M.D. & MARY B.	1019 SUNSET STREET	SCRANTON, PA	18509		100.00		
09/08/93	OD	AUDRE, INC.	10915 TECHNOLOGY PLACE	SAN DIEGO, CA	92127	BILL LOWERY	3,000.00	3,250.00	10/14/93
10/18/93	OD	WOOSMAN, O. JOHN	628 CONKLIN AVENUE	BINGHAMTON, NY	13903 2795		10.00		
09/19/93	L	GEIGER, ROBERT W. & MARJORIE	2435 PITTSTON AVE	SCRANTON, PA	18505	DICK SUMMERS	5.00		
09/11/93	L	GIBSON, THOMAS M.	530 CLAY AVE	SCRANTON, PA	18510	DICK SUMMERS	10.00		
09/10/93		DAVIS, EMERSON G. & MARIANNE K.				DICK SUMMERS	10.00		
09/02/93	L	MULLALLY, JOHN J. & LOEFFLAD, MAUREEN A.	612 MADISON AVE	JERMYN, PA	18433	DICK SUMMERS	10.00		
08/30/93	L	RAFALKO, RAYMOND J.	102 MOOSIC HEIGHTS	AVOCA, PA	18641	DICK SUMMERS	10.00		
09/01/93	L	GALKA, ALBERT & PATRICIA	161 LAUREL ST	ARCHBALD, PA	18403	DICK SUMMERS	10.00		
09/01/93	OD	KARAMASKY, JOHN	1803 E. 26TH ST	ASHTABULA, OH	44004	DICK SUMMERS	10.00		
09/08/93	L	BONIFANTI, LAWRENCE	1731 CHURCH AVE, REAR	SCRANTON, PA	18508	DICK SUMMERS	10.00		
09/02/93	L	DOUGHERTY, JAMES M. & ELAINE	103 EL DR	TAYLOR, PA	18517	DICK SUMMERS	10.00		
09/10/93	OD	REESE, GEORGE & CONNIE	3200 S. 7TH ST	FORT PIERCE, FL	34950	DICK SUMMERS	10.00		
09/09/93	L	WOZNIAK, DAVID & SHARON	720 W TAYLOR ST	TAYLOR, PA	18517	DICK SUMMERS	10.00		
09/12/93	L	AMADORO, ANTHONY J. & MARILYN	237 LAUREL ST	ARCHBALD, PA	18403	DICK SUMMERS	10.00		
09/09/93	L	GAVIN, THOMAS J.	634 MOOSIC ST	SCRANTON, PA	18505	DICK SUMMERS	25.00		
09/07/93		YANNI, THOMAS & ANGELA				DICK SUMMERS	25.00		
09/21/93	L	WAGNER, TERRY & LINDA	138 PARK ST	CARBONDALE, PA	18407	DICK SUMMERS	25.00		
09/24/93	L	NASH, WILLIAM OR NANCY	1134 1/2 REYNOLDS AVE	SCRANTON, PA	18504	DICK SUMMERS	25.00		

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08/30/93	L	GAVERN, PHILIP & BETTY	316 N IRVING AVE	SCRANTON, PA	18510	DICK SUMMERS	20.00		
08/31/93	L	SUPPY, PAUL C.	502 EMMETT ST	SCRANTON, PA	18505	DICK SUMMERS	15.00		
09/10/93	L	RYAN, ROBERT J. & ROSEMARY	735 OAK STREET	TAYLOR, PA	18517	DICK SUMMERS	10.00		
09/27/93	L	KOLSOVSKY, MICHAEL J. & JOANN S.	717 JACKSON ST	DICKSON CITY, PA	18519	DICK SUMMERS	10.00		
09/23/93	L	KOVACH, ROBERT P.	601 DUDLEY ST	DUNMORE, PA	18512	DICK SUMMERS	25.00		
10/17/93	L	BARANSKY, ANDREW & REGINA	302 3RD AVE	JESSUP, PA	18434	DICK SUMMERS	15.00	320.00	10/20/93
10/10/93	L	JOYCE, THOMAS R. & JANICE R.	409 MAY ST	MAYFIELD, PA	18433		20.00		
10/30/93	OD	MILLER, ROBERT H. & EARLENE R.	11321 ROUEN DR	POTOMAC, MD	20854		2,500.00		
11/02/93	L	PREATE, DONALD L., M.D.	225 PENN AVE	SCRANTON, PA	18503		100.00		
11/04/93	L	BOLAND, STANLEY W., M.D. & BARBARA M.	131 BELMONT AVE	CLARKS GREEN, PA	18411		100.00		
11/04/93	WY	DAVIS, T.W.	R.D.#2, BOX 2585	FACTORYVILLE, PA	18419		100.00		
11/04/93	L	KEATING, ROBERT J.	1516 JEFFERSON AVE	DUNMORE, PA	18509-2440		500.00		
10/08/93	L	DOWDELL, ROGER & TERRYLYNN	1810 TALL TREES DR	DUNMORE, PA	18512		5.00		
11/02/93	L	MANCUSO, FRED & FRANCES	212 FALLBROOK ST	CARBONDALE, PA	18407		100.00		
11/03/93	LY	SIMON RESOURCES	P.O. BOX 3275, 2525 TRENTON AVE	WILLIAMSPORT, PA	17701	SAMUEL SIMON	100.00	3,525.00	11/09/93
11/05/93	L	LANUTE JOSEPH	310 RIVER ST	OLYPHANT, PA	18447		100.00		
11/10/93	WY	LESNIAK, J.P., M.D.	P.O. BOX 404	LAKE WINOLA, PA	18625 0404		100.00		
11/08/93	W	KLIMASH, CHRISTINE C. & JOHN	R.D #2, BOX 47	WAYMART, PA	18472		54.00		
11/08/93	OD	KANE, JOHN & MARGARET	516 CEDAR ST	JENKINTOWN, PA	19046		50.00		
11/08/93	L	FRAGIN, HOWARD, D.M.D.	808 MEDICAL ARTS BUILDING	SCRANTON, PA	18503		100.00		
11/06/93	L	CLAUSS, JOAN	R.D.#2, BOX 138	OLYPHANT, PA	18447		100.00		
11/08/93	OD	WICKERT, WILLIAM E., JR.	1667 K ST., N.W., SUITE 600	WASHINGTON, DC	20006		250.00		
11/09/93	L	SURACI, HENRY A. & JANET P.	STARLIGHT ROAD	CLARKS GREEN, PA	18411		200.00		
11/09/93	L	NALEVANKO, WILLIAM & FLORENCE	405 N. RIVER AVE	OLYPHANT, PA	18447		100.00		
11/06/93	L	MAZZA, DOMINIC L., M.D.	500 WHEELER AVE	SCRANTON, PA	18510		100.00		
11/07/93	L	ADCROFT, JOHN P. & CLARA E.	406 MAIN AVE	CLARKS SUMMIT, PA	18411		100.00		
11/08/93	W	MCANDREW, PATRICK J. & TONETTE	STAR ROUTE	PLEASANT MOUNT, PA	18453		100.00		
11/03/93	L	SCHMALTZ, HARRY W., M.D.	231 NORTHERN BLVD.	CLARKS SUMMIT, PA	18411		100.00		
11/05/93	L	LEBER, FREDERIC R.	1017 W. LACKAWANNA AVE	SCRANTON, PA	18504		100.00		
11/08/93	L	ALLIED FENCE MANUFACTURING CO.	1275 N. KEYSER AVE	SCRANTON, PA	18508		50.00		
11/10/93	L	MCKINNEY PRODUCTS CO.	820 DAVIS ST., P.O. BOX 5999	SCRANTON, PA	18505-5999		100.00		
11/11/93	M	AMERICAN FEDERATION OF GOVT LOCAL 1647	TOBYHANNA ARMY DEPOT	TOBYHANNA, PA	18466	LUIGI SACCHI	200.00	1904.00	11/18/93
11/16/93	L	KIRKENDALL, BERTHA E. & WILLIAM D.	R.D.#3, BOX 377	DALTON, PA	18414-9556		35.00		

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11/16/93	L	SACCONE, NICHOLAS D., D.D.S.	1001 PITTSTON AVE	SCRANTON, PA	18505 4192		25 00		
11/16/93	OD	HOLMES, RICHARD V. & ANNE D.	244 RAVENSCLIFF	SAINT DAVIDS, PA	19087		1000 00		
11/16/93	WY	THOMAS, PAUL & MARGARET	156 E. TIOGA ST	TUNKHANNOCK, PA	18657		200.00		
11/22/93	OD	HARSCO CORPORATION	P.O. BOX 8888	CAMP HILL, PA	17001-8888		3000.00		
11/13/93	L	CREAVEY SEAL COMPANY	R.D.#1, BOX 276	OLYPHANT, PA	18447	CHRYSLER, G.F.	150.00	4410.00	11/26/93
11/24/93	L	BARRASSEE, LINDA, M.D.	746 JEFFERSON AVE	SCRANTON, PA	18510		150.00		
12/02/93	OD	COHICK, ROBERT P.	BOX 460	SALLADASBURG, PA	17740		10.00		
12/01/93	L	CUMMINGS, THOMAS P. & MARIE E.	1718 N. WEBSTER AVE	SCRANTON, PA	18512-2142		500.00		
11/27/93	WY	HARRINGTON, EDWARD & MYRVAL	R.R.#2, BOX 2154	NICHOLSON, PA	18446		100.00		
11/29/93	L	BARRETT, MARIE D. & SISTER ADRIAN BARRETT	1607 N. WEBSTER AVE	DUNMORE, PA	18509		300.00		
11/24/93	OD	COLLINS, FRANK, M.	P. O. BOX 140	MEDIA, PA	19063		1000.00		
08/19/93	OD	SALOMON BROTHERS	1455 PENNA. AVE. NW, SUITE 350	WASHINGTON, DC	20004	STEPHEN E. BELL	200.00		
09/01/93	OD	SOUTHERN CALIFORNIA EDISON COMPANY	1001 PENNA. AVE., NW, SUITE 450N	WASHINGTON, DC	20004	TOM DENNIS	1000.00		
11/17/93	OD	FUTURE LEADERS PAC	1101 CONNECTICUT AVE., NW, SUITE 500	WASHINGTON, DC	20036	CONG. JERRY LEWIS	500.00		
11/18/93	OD	SUSQUEHANNA PFALTZGRAFF CO.	140 E. MARKET ST.	YORK, PA	17401	ARTHUR W. CARLSON	500.00	4260.00	12/09/93
12/08/93	OD	HAND, LLOYD N. & ANN	4619 CHARLESTON TER.,N.W.	WASHINGTON, DC	20007		2000.00		
12/20/93	L	KELLY, EDWARD J.	212 FAIRVIEW RD.	CLARKS SUMMIT, PA	18411		1000.00		
12/02/93	L	LYNETT, GEORGE V.	1750 N. WASHINGTON AVE.	SCRANTON, PA	18509		1000.00		
12/02/93	L	LYNETT, EDWARD J., JR.	26 OAKFORD GLEN	CLARKS SUMMIT, PA	18411		1000.00		
12/02/93	L	LYNETT, WILLIAM R.	1601 MONROE AVE.	DUNMORE, PA	18509		1000.00		
12/14/93	OD	LAIRD, MELVIN R.	1730 RHODE ISLAND AVE., N.W., SUITE 200	WASHINGTON, DC	20036		1000.00		
12/21/93	L	FITZGERALD, JAMES P. & SHIRLEY, J.	P.O. BOX 744	WAVERLY, PA	18471		100.00		
12/07/93	L	KOVELESKI, A.J.	P.O. BOX 1493	SCRANTON, PA	18501		100.00		
12/12/93	OD	GERRITY, EDWARD J., JR.	14 PLYMOUTH ROAD	RYE, NY	10580		100.00		
12/20/93	L	G.R. ROTO, INC.	404 MAIN ST., P.O. BOX 275	EYNON, PA	18403		500.00		
12/08/93	L	POCAL INDUSTRIES, INC.	100 ELECTRIC ST.	SCRANTON, PA	18509	SAM REICH, PRESIDENT	2000.00		
12/20/93	L	BIOFOIL INC.	P.O. BOX 629	WAVERLY, PA	18471	ROBERT W. NAISMITH	500.00		
12/16/93	L	PETERS, ALBERT E.	248 GREENBRIAR DR.	CLARKS SUMMIT, PA	18411		500.00	10800.00	12/27/93
12/21/93	OD	MAGLIOCCHETTI, PAUL ASSOC., INC.	1755 JEFFERSON DAVIE HWY.SUITE 1107	ARLINGTON, VA	22202	PAUL MAGLIOCCHETTI	5000.00		
12/29/93	L	NOLAN, DONALD T.	1008 ELECTRIC STREET	SCRANTON, PA	18509		5000.00		
12/31/93	L	SHEILS, ROBERT P., JR., ESQ.	108 N. WASHINGTON AVE.	SCRANTON, PA	18503		250.00		
12/31/93	L	TRESSLER, DAVID L. & JOYCE E.	26 OAKFORD GLEN	CLARKS SUMMIT, PA	18411		500.00	10750.00	
.....		TOTALS					223,173.40	223,173.40	.....

JOSEPH M. MCDADE LEGAL DEFENSE FUND

1993 CONTRIBUTIONS IN-KIND

CNTY CODE	DONOR	STREET ADDRESS	CITY, STATE	ZIP CODE	IN-KIND CONT'R VALUE	DESCRIPTION
T	THE PENN-WELLS HOTEL & LODGE	PO BOX 158	WELLSBORO, PA	16901	63.60	HOTEL ROOM 1/16/93 FOR FUNDRAISING DINNER
PA	HOLMES, DORINDA	606 LARAMIE PLACE	PHILADELPHIA, PA	19115	1,000.00	INVESTIGATIVE SERVICES
PA	DINTINO, ROBERT C/O MCSORLEY DETECTIVE AGENCY	8239 FRANKFORD AVE SUITE 111	PHILADELPHIA, PA	19136	1,850.00	INVESTIGATIVE SERVICES
L	DURKIN ASSOCIATES	123 BELMONT AVE	CLARKS GREEN, PA	18411	1,833.91	INVESTIGATIVE SERVICES
L	ROBERT D. HORAN C/O HORAN ASSOCIATES	310 CLARK ST	CLARKS GREEN, PA	18411	2,362.50	INVESTIGATIVE SERVICES
B	GANNON ASSOCIATES	PO BOX 327	TOWANDA, PA	18848	733.78	EXPENSES RELATED TO FUNDRAISER
B	BEAMER, BILL	118 YORK AVE	TOWANDA, PA	18848	305.40	EXPENSES RELATED TO FUNDRAISER
B	TOWANDA MOTEL	383 YORK AVE	TOWANDA, PA	18848	125.00	MEETING ROOM - FUNDRAISER
B	VICTORIAN GUEST HOUSE	118 YORK AVE	TOWANDA, PA	18848	75.00	HOTEL ROOM FOR FUNDRAISER DINNER
B	FOX, JACK	RD #3 BOX 24	TOWANDA, PA	18848	56.67	EXPENSES RELATED TO FUNDRAISER
B	GEORGE, JOHN		TOWANDA, PA	18848	216.66	EXPENSES RELATED TO FUNDRAISER
B	MADIGAN, PEGGY	212 MAIN ST	TOWANDA, PA	18848	56.67	EXPENSES RELATED TO FUNDRAISER
B	HENRY DUNN INSURANCE CO.	317 MAIN ST	TOWANDA, PA	18848	600.00	RENT FOR HEADQUARTERS BUILDING
	WHEELERS GREENHOUSE		WYSOX, PA		50.00	FLOWERS FOR FUNDRAISER
B	LAW ENFORCEMENT FRIENDS FOR JOE MCDADE	BOX 120	TOWANDA, PA	18848	550.00	HALL RENT FOR FUNDRAISER
S	THE FOREST CITY NEWS	636 MAIN ST	FOREST CITY, PA	18421	474.82	PRINTING LETTERS/ENVELOPES
S	RICHARD GIDDINGS	R.D.#1, BOX 95	NEW MILFORD, PA	18834	72.00	PREPARATION & PRINTING OF LABELS
OD	LEWIS FOR CONGRESS COMMITTEE				816.00	JULY 20 EVENT AT LEWIS' HOME
L	KELLY, ROBERT T. & COMPANY, C.P.A.S	507 LINDEN ST., SUITE 500	SCRANTON, PA	18503	5000.00	ACCOUNTING SERVICES
L	FOLEY, COGNETTI & COMERFORD	507 LINDEN STREET, SUITE 700	SCRANTON, PA	18503	5000.00	LEGAL SERVICES
L	GENERAL DYNAMICS	175 EAST STREET	EYNON, PA	18403	5000.00	GOLF TOURNAMENT FUNDRAISER
L	AKZO SALT, INC.	ABINGTON EXECUTIVE PARK	CLARKS SUMMIT, PA	18411	2000.00	FUNDRAISING

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11: 29

U S H

HAND DELIVERED
(Office Use Only)

James A. McDermott
(Full Name)

Post Office Box 20265 Seattle, Washington 98102
(Mailing Address)

202/225/3106 or 206/553/7170
(Daytime Telephone)

Filer Status	[X] Member of the U S House of Representatives	State Washington District 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL James A. McDermott

DATE (Month/Day/Year) 5/16/94

2382

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Income None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peona, IL accounts					X							X							X							
	State of Washington Deferred Compensation Program			X									X				deferred/retirement acct.		X								
	State of Washington Retirement Account				X								X				deferred/retirement acct.			X							
	TIAA/CREF Annuity				X								X				deferred/retirement acct.	X									
	Fidelity Bankers Life Annuity			X									X				deferred/retirement acct.				X						
	Keyport Life Annuity					X							X				deferred/retirement acct.	X									
	Mutual Shares mutual funds			X							X			X			deferred/retirement acct.										P,S

For additional assets and unearned income, use next page.

2383

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. McDermott

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Key Bank money market account	X											X					X									X
	Carlyle Real Estate Limited Partnership XII	X											X					X									
	Carlyle Real Estate Limited Partnership XIII	X											X					X									
	US Treasury bonds/obligations				X								X					X									
	American Capital Pace mutual fund			X							X							X									
	C/o Boston Safe Deposit & Trust Hutton PRC Tech Partners I		X										X					X									
	Mathers Fund mutual fund			X							X							X									
	Guardian mutual fund c/o Delaware Charter Guarantee & Trust Co.			X							X			X				X									
	Gabelli Funds mutual funds			X							X			X				X									
	Paine Webber Money Market Fund		X										X					X									
	Fidelity Cash Reserve Funds			X							X							X									S
	Pennsylvania Mutual Fund			X							X			X				X									P
	Schwab Money Market Fund		X										X					X									
	Alliance Quasar Fund mutual fund	X												X				X									S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. McDermott

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Fidelity Asset Manager			X									X					X									
	Oakmark International Fund c/o State Street Bank & Trust		X								X			X				X									P
	The Kaufmann Fund mutual fund			X										X				X									P

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Mutual Shares mutual funds	X	X		7-8/30-93 8-12-93	X						
	Key Bank money market account	acct. close			8-5-93	X						
	Fidelity Cash Reserve Funds		X		7-29-93	< X						
	Pennsylvania Mutual Fund	X			3-15-93 8-11-93	< X						
	Alliance Quasar Fund mutual fund		X		9-3-93 12-8-93	< X						
	Oakmark International Fund	X			12-16-93	X						
	The Kaufmann Fund	X			8-10-93	X						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Human Rights Project	July 8-12	Seattle-County Clare, Ireland-Wash.,DC	Y	Y	N	N
Foreign Policy Institute of Turkey	Aug.8-17	Wash.,DC-Istanbul-Seattle	Y	Y	N	N
Johns Hopkins University, School of Hygiene and Public Health	April 16	Wash.,DC - New York	N	Y	N	N
Americans for Democratic Action	April 25	Wash.,DC - Los Angeles Wash.,DC	Y	Y	N	N
Coalition of Labor Union Women	May 1	Wash.,DC-Cleveland-New York	N	Y	N	N
Health & Medicine Policy Research Group	May 13-16	Wash.,DC - Chicago - Wash.,DC	Y	Y	N	N
Oregon Health Sciences University	June 2	Seattle - Portland - Seattle	N	Y	N	N
Citizen Action	July 17	Wash.,DC - Chicago - Wash.,DC	N	Y	N	N
American Corporate Council Ass'n./New England Chapter	Sept. 9	Wash.,DC - Boston - Wash., DC	N	Y	N	N
American Federation of State, County & Municipal Employees (Washington St. Federation)	Oct. 10	Seattle - Wenatchee - Seattle	Y	Y	N	N
Interreligious Health Care Access Campaign	Oct. 17	Seattle - Chicago - Wash.DC	N	Y	N	N

This page may be copied if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Medical Association	Oct. 21	Wash.,DC - Chicago - Wash., DC	N	Y	N	N
	Savings & Community Bankers	Oct. 31-Nov. 1	Seattle - New Orleans-Wash., DC	Y	Y	N	N
	Civic Service, Inc. (SW Regional Meeting, American Medical Assoc.)	Nov. 5	Wash., DC - Dallas - Seattle	N	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Sponsors	Washington Physicians for Social Responsibility
Member, Visiting Committee	Jackson School of International Studies, University of Washington

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
MAY 20 AM 7:38

(Office Use Only)

16

Paul McHale
(Full Name)

523 8th Avenue
(Mailing Address)

(202) 225-6411
Daytime Telephone

Bethlehem, PA 18018

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 15th	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Paul McHale

DATE (Month/Day/Year) May 16, 1994

2390

Name	Page 1 of 3
Paul McHale	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	See attached 1993 Federal Income Tax Return		
	Law Office of Paul McHale (earned during 1992)	Legal Fee	$2,000.
	Communications Consulting Services (S. spouse)	Professional Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None	NA	NA	NA

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
1.	See attached 1993 Federal Income Tax Return																										
2.	Legislative Pension (PA)				X																						
3.	See attached PSA Client Portfolio Summary					X																					
4.	Maintain Bank Accounts				X								X						X								
5.	First Star S&L Accounts			X									X					X									
6.	Northwestern Mutual Insurance			X									X					X									S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Paul McHale

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	Rent	INTEREST	Royalties, Licenses, etc.	EXCEPTED TRUST	Other Unearned Income	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
Air Products & Chemicals, Inc.		X							X							X									
Keystone Tax Exempt Trust			X						X										X						
See attached PSB Summary																						X			
Life of Virginia Policy (Self)			X								X						X								
Life of Virginia Policy (Spouse)			X								X						X								
Note: Keystone Series B-2 Mutual Fund, as reported in 1993, has been liquidated.																									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Paul McHale

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
SP	Northwestern Mutual Life Insurance		X		7/93	X						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	First Star Savings + Loan	Personal Loans		X					
JT	Ford Motor Credit Corp.	Auto Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Michael Hoffmith	Airline Ticket (see attached waiver)	$2,000.
Atherton, CA	To attend funeral of Bruce Stephenson,	
	Palo Alto, CA	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Advisory Board Member	Boy Scouts of America (Olive Trails Council)
Advisory Board Member	Bettelheim YWCA
Advisory Board Member	Historic Bettelheim Partnership (Burnside Plantation)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

CLIENT INVESTMENTS PORTFOLIOS SUMMARY

SECURITY	ACCOUNT	SHARES OR FACE VALUE	COST	VALUATION	VALUE AS OF
CASH AND CASH EQUIVALENTS:					
Bear Stearns Credit Balance	RPQ	0	0	173	04/29/94
First Star Money Market	CLJS	0	0	36	04/30/94
First Star Money Market	RPQ	0	0	2,405	04/30/94
SUBTOTAL:				2,614	
FIXED INCOME-TAXABLE:					
CATS Series R	RPQ	20,000	4,566	9,314	04/29/94
FHLMC	RPQ	3,279	3,279	3,338	04/29/94
GSIF H	RPQ	4,688	1,534	1,453	04/29/94
SUBTOTAL:				14,105	
TAX ADVANTAGED:					
Keystone Tax Exempt	CLJS	3,458	24,000	36,035	04/29/94
Keyflex	RPQ	0	14,000	21,930	04/29/94
SUBTOTAL:				57,965	
TOTAL:				74,684	

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Congress of the United States
House of Representatives
Committee on Standards of Official Conduct
Washington, DC 20515-6328

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BERNARD RAIMO, CHIEF COUNSEL

December 22, 1993

The Honorable Paul McHale
U.S. House of Representatives
511 Cannon House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of December 15, 1993, requesting a waiver from House Rule 43, clause 4 (the House gift rule). You state that a longtime personal friend has offered you round-trip airfare to California, acquired with his accumulated frequent flyer miles, to enable you to attend the funeral of another friend's father. You explain that the three of you have been friends since 1971, and neither of these individuals has ever lobbied you on any legislative business. Under these circumstances, and pursuant to its authority under House Rule 10, clause 4(e)(1)(E), and Rule 43, clause 4, the Committee grants you a waiver from House Rule 43, clause 4, for the purpose of permitting you to accept the transportation from your friend.

House Rule XLIII, clause 4, provides that a Member, officer, or employee of the House shall not accept in any calendar year gifts (other than the personal hospitality of an individual or with a fair market value of $100 or less) aggregating more than $250, directly or indirectly, from any source other than a relative, except to the extent permitted by written waiver granted in exceptional circumstances by the Committee on Standards of Official Conduct.

The House Bipartisan Task Force on Ethics, in its report on the Ethics Reform Act of 1989, stated:

> . . . [G]iven the application of the gifts rule to all sources, it is essential to provide some flexibility to allow the acceptance of gifts above the limit in cases where there is no potential conflict of interest or appearance of impropriety.
>
> . . . [I]t is intended that such exceptions from the gifts prohibitions would be appropriate in the case of gifts from individuals who have a long-standing personal or social relationship with the Member or employee, where it is clear that it is those relationships

> that are the motivating factors of the gifts, rather than the fact of the individual's office or position in Congress.

REPORT ON H.R. 3660, 135 CONG. REC. H9255 (daily ed. Nov. 21, 1989).

The trip you describe appears to meet the above criteria, as explained in prior conversations between your Administrative Assistant and Committee counsel. Accordingly, you need not reimburse your friend for the ticket.

This letter applies only to the limits on acceptance of gifts in the above-cited rule. Section 102(a)(2)(B) of the Ethics in Government Act of 1978, as amended, requires that individuals who are required to file Financial Disclosure Statements must report the source, a brief description, and value of all gifts aggregating $250 or more in value received from one source in 1992.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Jim McDermott
Chairman

Fred Grandy
Ranking Minority Member

JS:ELW

Form **1040** Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return 1993

IRS Use Only - Do not write or staple in this space

COPY

For the year Jan. 1-Dec. 31, 1993, or other tax year beginning , 1993, ending , 19 | OMB No. 1545-0074

(See inst. on p. 12.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

1 187-42-1831 538-58-5317 28 SP
PAUL F & KATHERINE M MCHALE
629 EIGHTH AVE
BETHLEHEM PA 18018-5008

IRS

Your social security number: 187-42-1831
Spouse's social security number: 538-58-5317
For Privacy Act and Paperwork Reduction Act Notice, see page 4.

	Yes	No
Presidential Election Campaign (See page 12) ▶ Do you want $3 to go to this fund?	X	
If a joint return, does your spouse want $3 to go to this fund?	X	

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (See page 12)

1 Single
2 [X] Married filing joint return (even if only one had income)
3 Married filing sep. return. Enter spouse's SSN above & full name ▶
4 Head of household (with qualifying person). (See pg. 13.) If qualifying person is a child but not your dependent, enter this child's name here. ▶
5 Qualifying widow(er) with dependent child (yr. spouse died ▶ 19). (See page 13.)

Check only one box.

Exemptions (See page 13.)

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2
b [X] **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

(1) Name (first, initial, and last name)	(2) Chk if under age 1	(3) If age 1 or older, dependent's social security number	(4) Dependent's relationship to you	(5) No. of mo. lived in your home in 1993
Matthew McHale		162-70-2717	Son	12
Mary McHale		162-70-2594	Daughter	12
Luke McHale		165-72-1522	Son	12

If more than six dependents, see page 14.

No. of your children on 6c who
- lived with you: 3
- didn't live with you due to divorce or separation (see page 15):

Dependents on 6c not entered above:

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]
e Total number of exemptions claimed: Add numbers entered on lines above ▶ 5

Income

Attach copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 10.

If you are attaching a check or money order, put it on top of any Forms W-2, W-2G, or 1099-R.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	121,724.
8a	**Taxable** interest income (see page 16). Attach Schedule B if over $400	8a	358.
b	**Tax-exempt** interest income (see page 17). DON'T include on line 8a. 8b		
9	Dividend income. Attach Schedule B if over $400	9	411.
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 17)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	10,841.
13	Capital gain or (loss). Attach Schedule D	13	846.
14	Capital gain distributions not reported on line 13 (see page 17)	14	
15	Other gains or (losses). Attach Form 4797	15	
16a	Total IRA distributions 16a — b Taxable amount (see page 18)	16b	
17a	Total pensions and annuities 17a 5,342. — b Taxable amount (see page 18)	17b	2,184.
18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	18	-225.
19	Farm income or (loss). Attach Schedule F	19	
20	Unemployment compensation (see page 19)	20	
21a	Social security benefits 21a — b Taxable amount (see page 19)	21b	
22	Other income. List type and amount	22	
23	Add the amounts in the far right column for lines 7 through 22. This is your **total income** ▶	23	136,139.

Adjustments to Income (See page 20.)

24a	Your IRA deduction (see page 20) 24a		
b	Spouse's IRA deduction (see page 20) 24b		
25	One-half of self-employment tax (see page 21) 25	669.	
26	Self-employed health insurance deduction (see page 22) 26		
27	Keogh retirement plan and self-employed SEP deduction 27		
28	Penalty on early withdrawal of savings 28		
29	Alimony paid. Recipient's SSN ▶ 29		
30	Add lines 24a through 29. These are your **total adjustments** ▶	30	669.
31	Subtract line 30 from line 23. This is your **adjusted gross income** ▶	31	135,470.

Adj. Gr. Income

Form 1040 (1993) Paul F. McHale Jr. & Katherine M. McHale 187-42-1831 Page 2

Tax Computation (See page 20)	32	Amount from line 31 (adjusted gross income)	32	135,470.
	33a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐		
	c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 24 and check here ▶ 33c ☐		
	34	Enter the larger of your itemized deductions or standard deduction. **Itemized deductions** from Schedule A, line 26, **OR** **Standard deduction** shown below for your filing status. **But if you checked any box on line 33a or b, go to page 24 to find your standard deduction. If you checked box 33c, your standard deduction is zero.** • Single - $3,700 • Head of household - $5,450 • Married filing separately - $3,100 • Married filing jointly or Qualifying widow(er) - $6,200	34	13,940.
	35	Subtract line 34 from line 32	35	121,530.
	36	If line 32 is $81,350 or less, multiply $2,350 by total number of exemptions claimed on line 6e. If line 32 is over $81,350, see the worksheet on page 25 for the amount to enter	36	11,750.
	37	**Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	109,780.
If you want the IRS to figure your tax, see page 24	38	Tax. Check if from a ☐ Tax Table, b ☐ Tax Rate Schedules, c ☒ Schedule D Tax Worksheet, or d ☐ Form 8615 (see page 25). Amount from Form(s) 8814 ▶ e	38	26,535.
	39	Additional taxes (see pg 25). Check if from a ☐ Form 4970 b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	26,535.
Credits (See page 26)	41	Credit for child and dependent care expenses. Attach Form 2441 — 41: 338.		
	42	Credit for the elderly or the disabled. Attach Schedule R — 42		
	43	Foreign tax credit. Attach Form 1116 — 43		
	44	Other credits (see page 26). Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form — 44		
	45	Add lines 41 through 44	45	338.
	46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶	46	26,197.
Other Taxes	47	Self-employment tax. Attach Schedule SE. Also, see line 25	47	1,337.
	48	Alternative minimum tax. Attach Form 6251	48	
	49	Recapture taxes (see page 26). Check if from a ☐ Form 4255 b ☐ Form 8611 c ☐ Form 8828	49	
	50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
	51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329 ..... No	51	218.
	52	Advance earned income credit payments from Form W-2	52	
	53	Add lines 46 through 52. This is your **total tax** ▶	53	27,752.
Payments (Attach Forms W-2, W-2G, and 1099-R to page 1)	54	Federal income tax withheld. If any is from Form(s) 1099, check ▶ — 54: 28,455.		
	55	1993 estimated tax payments and amount applied from 1992 return — 55		
	56	**Earned income credit.** Attach Schedule EIC — 56		
	57	Amount paid with Form 4868 (extension request) — 57		
	58a	Excess social security, Medicare, and RRTA tax withheld (see pg. 28) — 58a		
	b	Deferral of additional 1993 taxes. Attach Form 8841 — 58b		
	59	Other payments (see page 28). Check if from a ☐ Form 2439 b ☐ Form 4136 — 59		
	60	Add lines 54 through 59. These are your **total payments** ▶	60	28,455.
Refund or Amount You Owe	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶	61	703.
	62	Amount of line 61 you want **REFUNDED TO YOU** ▶	62	703.
	63	Amount of line 61 you want **APPLIED TO YOUR 1994 ESTIMATED TAX** ▶ 63		
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE**	64	
	65	Estimated tax penalty (see page 29). Also include on line 64 — 65		

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here (Keep a copy of this return for your records)

▶ Your signature	Date	Your occupation: Legislator
▶ Spouse's signature (if joint return, BOTH must sign)	Date	Spouse's occupation: Consultant

Paid Preparer's Use Only

Preparer's signature ▶ Amos G. Kunkle CPA	Date 04/05/94	Check if self-employed ☒	Preparer's social security no. 181-32-2880
Firm's name (or yours if self-employed) and address ▶ Amos G. Kunkle CPA, 1414 Millard Street, Bethlehem PA		E.I. No. 23-2381062	ZIP code 18018-2632

HEDULES A&B
rm 1040)

Schedule A-Itemized Deductions

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1993

Attachment Sequence No. 07

Name(s) shown on Form 1040: ul F. McHale Jr. & Katherine M. McHale

Your social security number: 187-42-1831

edical d ental xpenses

Caution: Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses

2 Enter amount from Form 1040, line 32 | 2

3 Multiply line 2 above by 7.5% (.075)

4 Subtract line 3 from line 1. If zero or less, enter -0- ▶ 4

axes ou Paid

5 State and local income taxes — 5: 3,813.

6 Real estate taxes (see page A-2) — 6: 2,928.

7 Other taxes ▶ — 7

8 Add lines 5 through 7 ▶ 8: 6,741.

nterest ou Paid

9a Home mortgage interest and points reported to you on Form 1098 — 9a: 7,143.

b Home mortgage interest not reported to you on Form 1098. If paid to an individual, show that person's name, identifying no., and address ▶ — 9b

10 Points not reported to you on Form 1098. See page A-3 for special rules — 10: 80.

11 Investment interest. If required, attach Form 4952. (See page A-3.) — 11

12 Add lines 9a through 11 ▶ 12: 7,223.

ifts to hanty

Caution: If you made a charitable contribution and received a benefit in return, see page A-3.

13 Contributions by cash or check
SEE STMT 1 — 13: 787.

14 Other than by cash or check. If over $500, you MUST attach Form 8283 — 14

15 Carryover from prior year — 15

16 Add lines 13 through 15 ▶ 16: 787.

asualty heft 17 Casualty or theft loss(es). Attach Form 4684. (See page A-4.) ▶ 17

oving Exp 18 Moving expenses. Attach Form 3903 or 3903F. (See page A-4.) ▶ 18

Job Expenses and Most Other Miscellaneous Deductions

19 Unreimbursed employee expenses. If required, you MUST attach Form 2106. (See pg. A-4.) ▶ — 19

20 Other expenses ▶
Tax Return Preparation 310. — 20: 310.

21 Add lines 19 and 20 — 21: 310.

22 Enter amount from Form 1040, line 32 | 22 | 135,470.

23 Multiply line 22 above by 2% (.02) — 23: 2,709.

24 Subtract line 23 from line 21. If zero or less, enter -0- ▶ 24: 0.

(See page A-5 for expenses to deduct here.)

Other Miscellaneous Deductions

25 Other - from list on page A-5. List type and amount ▶ ▶ 25

Total Itemized Deductions

26 Is the amount on Form 1040, line 32, more than $108,450 (more than $54,225 if married filing separately)?
- NO. Your deduction is not limited. Add lines 4, 8, 12, 16, 17, 18, 24, and 25 and enter the total here. Also enter on Form 1040, line 34, the **larger** of this amount of your standard deduction.
- YES. Your deduction may be limited. See page A-5 for the amount to enter.

▶ 26: "LIMITED" 13,940.

Name as shown on Form 1040 Do not enter name and social security number if shown on page 1: Jl F. McHale Jr. & Katherine M. McHale

Your social security number: 187-42-1831

Schedule B - Interest and Dividend Income

Attachment Sequence No 08

Part I Interest income

Note *If you had over $400 in taxable interest income, you must also complete Part III*

	Interest Income		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also show that buyer's social security number and address ▶		
	Meridian Bank		189.
	Meridian Bank		121.
	First Star Savings Bank		48.
		1	
2	Add the amounts on line 1	2	358.
3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	358.

If you received a Form 1099-INT, Form 1099-OID or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II Dividend income

Note *If you had over $400 in gross dividends and/or other distributions on stock, you must also complete Part II*

	Dividend Income		Amount
5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ▶		
	Air Products & Chemicals Inc		21.
	Keystone Tax Exempt Trust		1,236.
	Keystone Tax Exempt Trust		1,941.
		5	
6	Add the amounts on line 5	6	3,198.
7	Capital gain distributions. Enter here and on Schedule D* 7 846.		
8	Nontaxable distributions. (See the instr. for Form 1040, line 9.) 8 1,941.		
9	Add lines 7 and 8	9	2,787.
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	411.

* *If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14*

If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Part III Foreign Accounts and Foreign Trusts

If you had over $400 of interest or dividends OR had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must complete this part

		Yes	No
11a	At any time during 1993, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1993, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

(See page B-2)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
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1994 MAY 16 PM 1:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

JOHN M. McHugh
Box 863, 4655 RAILROAD ST., PIERRPONT MANOR NY, 13674
(315)-465-5261

mc HAND DELIVERED (9)

Filer Status	[X] Member of the House	NEW YORK 24 C.D.	[ ]
Report Type	[X] Annual (May 15)	[ ] Amended	[ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: John M. McHugh

DATE (Month, Day, Year): May 12, 1994

2406

Name JOHN M. McHugh | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	COUNTY OF Oswego	SPOUCE SALARY	$1200

For payments to charity in lieu of honoraria, use Schedule II.

JOHN M. McHugh 3 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] asset for investment or [illegible] income with a fair market value [illegible] at the end of the reporting year, [illegible] separate source of income which [illegible] than $200 in "unearned" income [illegible] real property or land, provide [illegible] of any trust [illegible] or retirement plan that is self-[illegible] Individual Retirement Account, more than [illegible] or retirement plan that is not [illegible] the institution holding the [illegible]

[illegible] your personal residence; unless [illegible] is [illegible]; any debt owed to you by your [illegible], or by your or your spouse's child, parent, [illegible]; any deposits totaling $5,000 or less in [illegible] savings accounts; any fixed interests in [illegible] income derived from U.S. Government retirement [illegible].

If you do choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14-20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset and/or Income Source	Block B: None	A: $1 – $1,000	C: $1,001 – $15,000	C: $15,001 – $50,000	E: $50,001 – $100,000	E: $100,001 – $250,000	G: $250,001 – $500,000	G: $500,001 – $1,000,000	G: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP	Mega Corp. Stock			X							X																P
Dep.	123 Main St., Dover, Del.																										
JT	1st Bank of Peoria, IL accounts				X								X														
	KEY BANK NA STOCK			X							X							X									
	KEY BANK NA C.D.			X									X					X									
	NORSTAR BANK, WATERTOWN C.D.			X									X						X								
	MARINE MIDLAND BANK SAVINGS			X									X					X									
	Congressional FEDERAL CREDIT UNION			X									X						X								
S	STATE EMPLOYEE FEDERAL CREDIT UNION		X										X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN M. McHugh

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	PERSONAL LOAN TO CAMPAIGN FUND			X													X										

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2410

SCHEDULE IV — TRANSACTIONS

Name JOHN M McHugh | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP, DC, JT	Asset												
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	NONE												

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2411

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	KEY BANK, WATERTOWN, N.Y.	LOAN ON RECREATIONAL BOAT		X					
S	KEY BANK, ALBANY, N.Y.	LAW SCHOOL LOAN		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICAN ISRAEL EDUCATION FOUNDATION	Aug 23-30	SYRACUSE-TEL AVIV-SYR.	Y	Y	Y	N
	Congressional INSTITUTE INC.	Feb 25-27	Washington DC-Phoenix-D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 13 PM 2:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

5

SCOTT McINNIS
3320 Crestview Way
Grand Junction CO 81506
303-245-7127

Filer Status	[X] Member of the U.S. House of Representatives — State CO District 3 [ ] [illegible]	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Scott McInnis

DATE (Month, Day, Year): 5/13/94

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name SCOTT McINNIS | Page 1 of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Alpine Bank of CO Stock										X									X							
S	Alpine Bank of CO Stock				X						X							X									P
S	Alpine Bank of CO Savings				X								X						X								
	Scott McInnis & Associates, PC				X									X							X						
JT	Mutual of Omaha IRA				X								X				X										
JT	Colorado National Bank IRA				X								X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Scott McInnis

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	First Federal Savings (deferred income)				X								X							X							
JT	Invest Partnership (50% ownership)						X				X		X								X						P
S	David Smith Ranch Stock				X						X							X									
	Alpine Bank IRA			X									X					X									P
JT	1224 Grand Ave, Glenwood Spgs, CO					X						X										X					E
DC	1224 Grand Ave, Glenwood Spgs, CO				X							X							X								E
JT	First Bank(FICA CO Natl Bank) Stock	X									X			X									X				S
JT	CO National Bank Savings Acct.			X									X						X								
	State of Colorado Public Employee Retirement Association	X											X					X									E

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SCHEDULE IV — TRANSACTIONS

Name Scott McInnis | Page 3 of 4

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10–12–93		X					
S	Alpine Bank Stock	X			03-31-93		X					
JT	Purchase Alpine Bank Stock for Invest Partnership	X			03-31-93		X					
JT	Alpine Bank IRA (rollover from State of CO PERA)	X			01-20-93	X						
JT	Gift to Children to establish college fund Property Name: 1224 Grand Ave, Glenwood Spgs, CO			X	12-31-93		X					
DC	Gift from Parents* to establish college fund Property Name: 1224 Grand Ave, Glenwood Spgs, CO			X	12-31-93		X					
JT	First Bank (FKA Colorado National Bank) Stock		X		06-30-93		X					

*Parents refer to Scott and Lori McInnis

This page may be copied if more space is required.

Name	SCOTT McINNIS	Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Alpine Bank	Line of Credit secured by mortgage on 1224 Grand Ave., Glenwood Spgs.			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 20 AM 11 52

Howard P. "Buck" McKeon
(Full Name)
307 Cannon Bldg., Washington, D.C. 20515
(Mailing Address)
(202) 225-1956
(Daytime Telephone)

HAND DELIVERED
(Office Use Only)

11

Filer Status	[X] Member of the U.S. House of Representatives	State Calif. District 25th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X] No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Howard P. McKeon

DATE (Month/Day/Year) May 19, 1994

2420

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Howard + Phils Western wear	Approved Salary	148 081
	Howard + Phils Western Wear	Spouses Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
National Association of Homebuilders, Wash. D.C		Panel, Press Conference	March 29, 1993	$ 2000 00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Howard P. "Buck" McKeon | Page 3 of 15

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Rancon Dev Fund VI			X									X					X									
JT	McKeon Bros. a Partnership (1/5 Interest)											X	X					X									
	Leasehold - 19415 Soledad Cyn Rd, CC				X							X												X			
	Rental Home - 30007 Grand Flores, CC					X						X									X						
	Rental Condo 24444 B Hampton Dr. Val.					X						X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

(Attach additional sheets if needed)

Name Howard "Buck" Pickens Page 7 of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Howard + Phil's Western Wear - Loan					X							X										X				
JT	Valencia Nat. Bank - Check Acct			X									X						X								
JT	Congressional Fed. Credit Union			X									X						X								
JT	Howard + Phil Ent, Inc. - Corp Stock									X							X										
JT	Valencia Nat. Bank - Corp Stock				X												X										
JT	Charles Schwab & Co - Accounts										X		X							X							
	Arkla Inc - Common Stock			X							X							X									
	Nationwide Health PPTYS " "				X						X									X							P
	Tenneco Inc. " "			X							X								X								P
	Fid Cash Res. Fund - M.M. Fund		X										X					X									
	Fid Balanced Fund - Mut. Fund			X							X							X									
	Fid. Sel. Am. Gold " "			X							X							X									
	Fid. " Utilities " "			X							X							X									
	Callaway Golf - Common Stock			X													X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. "Buck" McKeon

DC/JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P S E
J.T.	Charles Schwab - IRA (Including)	— Moved To Dean Witter during year																									
	Callaway Golf - Common Stock	X												X							X						S
	Con. Ed. Co N.Y. " "	X												X					X								S
	Nat. Health PPTYS " "			X							X								X								
	Occidental Pet Corp " "			X							X							X									P
	Tenneco, Inc. " "			X							X								X								P
	Lexington Gold Fund - Mut. Shares			X							X						X										
	Vanguard Spec. Gold - " "			X							X							X									
	Schwab M.M. Fund - M.M. Fund			X							X							X									
	I.B.M. - Common Stock			X							X								X								P
	Arkla, Inc. " "		X								X							X									P
	Charles Schwab - IRA (Including)	- Moved To Dean Witter during year																									
	Franklin Quest Co Common Stock			X													X										P
	Mellon Bank - Preferred Stock			X							X								X								
	Nat. Fuel + Gas Co Common Stock			X							X								X								

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Howard P. Buck McKeon

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Occidental Pet Corp Common Stock			X							X							X									
	Fid. Sel. Util. Mut. Fund			X							X						X										
	Lexington Gold - "			X							X						X										P
	Vanguard Sp Gold - "			X							X							X									P
	Schwab M.M. Fund - M.M. Fund			X							X							X									
	Dean Witter - Liquid Assets M.M.			X							X							X									
	Calloway Golf Co - Common Stock			X													X										
	Chemtrak Inc " "	X															X										S
	Franklin Quest Co " "			X													X										
	Wellpoint Health " "			X													X										P
	Condo - 1120 Village Rd. #325, Brown Creek, Colo					X						X										X					

SCHEDULE IV — TRANSACTIONS

Name Howard P. "Buck" McKeon | Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Nat. Health PPT'S Common Stock	X			4-27-93	X						
	Tenneco Inc " "	X			4-27-93	X						
	Callaway Gulf " "	X			4-27-93	X						
	Tenneco Inc " "	X			1-15-93	X						
	I.B.M. " "	X			1-15-93	X						
	I.B.M. " "	X			4-27-93	X						
	Arkla, Inc " "	X			1-7-93	Loss						
	Con. Edison of N.Y. " "		X		1-7-93	X						
	Callaway Gulf " "		X		1-7-93	X						
	Occidental Pet. Corp. " "	X			1-7-93	X						
	Lexington Goldfund Mut. Fund	X			4-28-93	X						
	Vanguard Sp. Gold " "	X			4-28-93	X						
	Franklin Quest Co. Common Stock	X			5-4-93	X						
	Wellpoint Health " "	X			7-15-93	X						
	Chemtrak, Inc " "		X		10-4-93	Loss						

This page may be copied if more space is required.

Name Harold P. Buck McKeon | Page 8 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000*
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Citicorp - P.O. Box 790016, St Louis, Mo. 63179-0016	Mortgage 1120 Village Rd. #305 Bowen Park, Co.				X			
	Valencia Nat Bank 23920 Valencia Blvd, Valencia, Ca 91355	" 30001 Finnish Flats Rd, Cinnabar County			X				
	1st Fed Bank 401 Wilshire Blvd, Santa Monica 90401	" 24444		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Justin Boot Co - Ft. Worth, Texas	Trip, Entertainment (waiver received from Comm. on Standards)	Over $250.00
Acme Boot Co - Clarksville, Tenn.	Meeting, Entertainment (" " " ")	Over $250.00

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Nat. Assoc. Homebuilders, Wa, D.C		2/19, 20 '93	Burbank - Las Vegas - Burbank	Y	Y	Y	N
Nat. Council of Comm. Hospitals, Wa, D.C.		11-12, 13 '93	Santa Clarita Laguna Niguel - S.C	Y	Y	Y	N

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Name Howard P. & R. K. McKeon	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Dec '92	McKeon Brothers · Howard & Phil, Ent, Inc.	Reduced salary and responsibilities with regard to family business as approved by Committee on Standards of Official Conduct

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

HOWARD P. "BUCK" McKEON
25TH DISTRICT, CALIFORNIA

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
EDUCATION AND LABOR

PRESIDENT
REPUBLICAN FRESHMAN MEMBERS

REPUBLICAN LEADER'S TASK FORCE ON HEALTH CARE

BIPARTISAN TASK FORCE ON NATURAL DISASTERS

HAND DELIVERED

RECEIVED
FILE OF RECORD
1994 MAY 23 PM 3:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515-0525

WASHINGTON OFFICE
307 CANNON HOB
WASHINGTON, DC 20515
(202) 225-1956

DISTRICT OFFICES
SANTA CLARITA VALLEY OFFICE
22929 W VALENCIA BLVD., SUITE 410
SANTA CLARITA, CA 91355
(805) 254-2111

ANTELOPE VALLEY OFFICE
1008 WEST AVENUE M-4, SUITE D
PALMDALE, CA 93551
(805) 948-7833

SAN FERNANDO VALLEY OFFICE
17134 DEVONSHIRE AVENUE, SUITE 201
NORTHRIDGE, CA 91325
(818) 885-1032

May 23, 1994

Mr. Donnald K. Anderson
Clerk of The House
U.S. House of Representatives
H 105 The Capitol
Washington, D.C. 20515

MC (1)

Dear Mr. Anderson:

This is a statement of amendment to my financial disclosure for 1993.

I inadvertently omitted a trip which should appear on Schedule VII. The sponsor was the American Israel Education Foundation and the dates were from August 22, 1993, to August 30, 1993. The departure was from Los Angeles to New York, New York to Tel Aviv, Tel Aviv back to New York, and return to Los Angeles. Lodging and food were included for myself and a family member at the sponsor's expense.

Sincerely,

Howard "Buck" McKeon

HOWARD P. "BUCK" McKEON
Member of Congress

HPM/br

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 JUN -1 PM 1:19
U.S. HOUSE OF REPRESENTATIVES

(4)

HAND DELIVERED
(Office Use Only)

Cynthia A. McKinney
(Full Name)
124 Cannon Building
(Mailing Address)
Washington, D.C. 20515
Daytime Telephone: (202) 225-1605

Filer Status	[X] Member of the U.S. House of Representatives — State Georgia District 11th	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ] No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Cynthia A. McKinney

DATE (Month/Day/Year): 5/31/94

Name	Page
Cynthia A. McKinney	1 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Georgia	Legislative Pension	$3,792

For payments to charity in lieu of honoraria, use Schedule II.

Name Cynthia A. McKinney	Page 2 of 3

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Paine College	Speech	May 09, 1993	$ 1,000

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Service Employees Union	Sept 11-12	Atl.-Los Angeles-Atl.	Y	Y	Y	N
	Service Employees Union	Jan 23-24	Atl.-Pittsburgh-Atl.	Y	Y	Y	N
	Women's Alliance	May 2	Wash-Boston-Wash	N	N	N	N
	Congressional Black Caucus	Jun 25-27	Wash-Los Angeles-Wash	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY -6

JOHN ALEXANDER McMILLAN III
(Full Name)

401 CANNON HOB
WASHINGTON
(Mailing Address)

225-1976
Daytime Telephone

HAND DELIVERED
MC
(Office Use Only)

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Filer Status	☑ Member of the U.S. House of Representatives	State N.C. District 9	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
J. Alexander McMillan III

DATE (Month/Day/Year)
May 16, 1994

2436

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
NATIONAL CABLE TELEVISION ASSN. SAN FRANCISCO, CAL.	SPEECH-CONFERENCE	6/6/93	$ 1,500
TOBACCO INSTITUTE, WASH. D.C.	SPEECH	3/30/93	2,000
AMP CORP., HARRISBURG, PA.	SPEECH	9/10/93	2,000
NATIONAL HEALTH CARE SUMMIT WASHINGTON, D.C.	SPEECH	10/25/93	500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Block A
Asset and/or Income Source

[illegible] asset sold for investment or [illegible] fair market value [illegible] at the end of the reporting year, [illegible] or source of income which [illegible] in "unearned" income [illegible] rental property or land, provide [illegible] full names of any mutual [illegible] IRA or retirement plan that is self-[illegible] the underlying assets worth more than [illegible] IRA or retirement plan that is not [illegible], name the institution holding the [illegible]

[illegible] your personal residence(s) (unless there is [illegible]); any debt owed to you by your [illegible] or by your or your spouse's child, parent, [illegible]; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in tax income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

Block B — Value of Asset
at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

Block C — Type of Income
If other than one of the listed categories, specify the type of income by writing a brief description in this block.

Block D — Amount of Income
For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

Block E — Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Magic Corp. Stock				X			X			X								X								P
DC	Example: 123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X														
JT	1ST UNION NAT. BANK-C		X										UA				X										NA
JT	1ST UNION NAT. BANK-M/M						X						X							X							P-S
	CONG. FED. CADT. LN. -C			X									X						X								UA
	JAS. M. MYERS- FULL DISCRETION ACCOUNT (1)																										
	ALEX BROWN RES. FUND			X							X									X							P-S
	ALCO STD. CORP.-STK			X							X							X									

For additional assets and unearned income, use next page.

(1) SEE ADENDUM A.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Alexander McMillan III Page 5 of 22

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Baldor Elec. Cp. - Stk			X							X							X									
	Berkshire Hathaway - Stk				X												X										
	Cabot Corp. - Stk			X							X							X									P
	Coastal Corp. - Stk			X													X										P
	Crown Cork - Seal - Stk			X													X										
	Danaher Corp - Stk			X													X										P
	Ecolab, Inc - Stk			X							X								X								
	Emerson Elec - Stk			X							X								X								
	Federal Mogul Cp. - Stk			X							X							X									P
	Gillett Co. - Stk			X							X								X								
	W.W. Grainger - Stk			X							X							X									
	Juno Lighting - Stk			X							X							X									
	Kirby Corp. - Stk			X													X										P
	Lay & Boy Ch. Cp. - Stk			X							X							X									P
	Leggett Platt, Inc - Stk				X						X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Alexander M. Milland | Page 6 of 22

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Lencadia Nat. Cp. - Stk			X							X							X									P
	Minn. Min. - Mfg. Cp. - Stk			X							X								X								
	Nucor Corp. - Stk				X						X							X									
	Penn. Central Cp. - Stk				X						X							X									P
	Pepsico Inc. - Stk			X							X							X									
	Premier Ind. Cp. - Stk.			X							X							X									
	Rollins Inc. - Stk				X						X								X								
	Sealed Air - Stk			X													X										
	Sunoco Prod. Co. - Stk.			X							X								X								
	Thomas-Betts - Stk			X							X								X								
	Toro Co. - Stk			X													X										P
	Trinity Inds. - Stk			X							X							X									P
	Hon Inds. - Stk	X									X							X									
	" "													X						X							S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Alexander McMillan Jr. | Page 7 of 22

SP, DC, JT	BLOCK A Name of Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P	S	E
	Bandag "A" - Com. Stk.	X									X						X												
	"													X					X									S	
	Bandag - Com Stk	X									X						X												
	"													X					X									S	
	Black Tool Works - Stk	X									X						X												
	"													X							X							S	
	General Mills	X									X						X												
	"													X	LOSS		X		LOSS									S	
	CPC Int	X									X						X												
	"													X	LOSS		X		LOSS									S	
	Hershey Foods	X									X						X												
	"													X					X									S	
	Philip Morris	X									X						X												
	"													X					X									S	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Alexander Milliken Page 8 of 22

SP, DC, JT	BLOCK A Name of Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Bausch-Lomb - STK	X									X							X								
	"													X	Loss					X	Loss					S
	Colgate Palmolive - STK	X									X							X								
	"													X						X						S
	UST Inc. - STK	X									X							X								
	"													X							X					S
	Watts Ind. - STK	X									X							X								
	"													X					X							S
	Rubbermaid Inc - STK	X									X							X								
	"													X						X						S
	Interpublic Group - STK	X									X							X								
	"													X						X						S
	Visking Intertech - STK	X												X						X						S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Alexander McMillan Jr. | Page 9 of 22

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Jas. M. Myers. Acct # 2																										
	Alex Brown Cash Res. Fd.			X							X							X									P. S
	1st Union Corp. - Stk				X						X								X								
	Gillett Co. - Stk			X							X							X									P
	Duodick Corp. - Stk.				X						X								X								
	Knight Ridder - Stk.		X								X							X									P
	Jas. M. Myers - IRA																										
	Alex Brown Cash Res. Fd.		X								X							X									P. S.
	Constar Corp.			X													X										P
	Ecolab Inc.			X							X							X									
	Gillett Co.			X							X							X									S
	"													X				X									
	Lucadia Nat. Co.			X							X							X									P
	Penn Central Corp.			X													X										P
	Pepsico Inc.			X							X							X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Alexander McMillan Jr. Page 10 of 22

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Hunt Mfg. Co. – Com Stk.	X									X							X									
	"													X	LOSS				X	LOSS							S
	General Mills – Stk	X									X							X									
	"													X	LOSS			X		LOSS							S
	Watts Ind – Stk	X									X							X									
	"													X					X								S
	Hutton Timber Pts. Ltd.			X		Net Assets						Ordinary						X									
	Justice Oil & Gas Ltd., Pts	X				Net Assets						Ordinary						X		LOSS							
	McMillan Co.	X				Net Assets						Ordinary						X		LOSS							
S	1st Union Nat Bk – C		X														X										
S	1st Union Nat Bk – Sav.		X										X					X									
S	Cong. Fed. Credit Un –		X										X					X									
S	1st Union Nat. Bank – TUA																										
	Tax Exempt Bd. Fund			X									X					X									P, S
	N.C. Housing Agc. Bond	X											X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Alexander McMillan III

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	N.C. Housing Agc. Bond													X				X								S
	N.C. Tax Exempt Bond Fund						X						X									X				P S
	Common Stock Fund						X				X										X					
	"													X							X					P S
	Rudoick Corp. Com Stk			X							X							X								
	Lullwater Syndicate - Stk			X							X								X							
S	Gas. M. Myers. Full Discretion Act. G)																									
	Coastal Corp - Stk			X													X									P
	Emerson Elec. Co. - Stk			X							X							X								
	Federal Mogul Cp. - Stk			X													X									P
	Gillett Co. - Stk			X							X							X								
	Kirby Corp. - Stk			X													X									P
	Leucadia Nat Corp. - Stk			X							X							X								P
	Penn Central Corp - Stk			X							X							X								P
	Pepsico, Inc. - Stk			X							X							X								P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Alexander McMillan III | Page 12 of 22

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Rollins Inc. STK			X							X							X									
	Toro Co. - STK			X													X										P
	Trinity Inds - STK			X							X							X									P
	Alex Brown Cash Res.			X							X								X								P ~ S
	Illinois Tool - STK	X									X							X									S
	"													X					X								
	Bausch Lomb - STK	X									X							X									
	"													X	Loss				X	Loss							P ~ S
	CPC Int. - STK	X									X							X									S
	"													X	Loss				X	Loss							
	Colgate Palmolive - STK	X									X							X									
	"													X	Loss				X	Loss							S
	Thomas & Betts - STK	X									X							X									
	"													X	Loss				X	Loss							S
	Dun & Bradstreet - STK	X									X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN Alexander Williams Page 13 of 22

[redacted]

	Dun Bradstreet - STK	X	X	X	S
S	Jas. M. Myers - IRA				
	Coastal Corp. - STK.	X		X	P
	Emerson Elec. - STK	X	X	X	
	Gillette Co. - STK	X	X	X	P
	Leucadia Nat. - STK	X		X	P
	Penn Central Corp. STK	X		X	P
	Pepsico. Inc. - STK.	X	X	X	P
	UGI Holding - STK.	X	X	X	
	Alex Brown Cash Res Fd.	X	X	X	P~S
S	Health Care Props. LTD. Pts.	X	ordinary	X	
S	McMillan Co.	X	ordinary	X LOSS	
S	Furman Co. - 25% Interest				
	- Min yard Lot - Pleasantburg Greenville, S.C.	X	net rental	X	
	- Smugglers Inn - "	X	"	X	

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Alexander McMillan III Page 14 of 22

[redacted]

S	Liberty Life Trust - 25% Irrevocable Trust								X		X											X					
S	R.E. Houston Res. Trust - 25%				X						X		X						X								
S	E. North - Boyce Ave Trust - 25%				X						X		X						X								

Name John Alexander Mullillanz | Page 15 of 22

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
JT	1st Union Nat. Bank - m/m	X			various					X		
	J. Myers - Co. fun. Disc. Account		X		various			X				
	Alex Brown Reg. Fund	X			various			X				
	"		X		various				X			
	Cabot Corp. - Com Stk	X			9/28	X						
	Coastal Corp. - Com Stk	X			11/30-12/10	X						
	Donaher Corp. - Com Stk.	X			10/13	X						
	Federal Mogul Cp. - Com Stk	X			11/8	X						
	Kirby Corp - Com Stk	X			7/23-11/30	X						
	Lay Z Boy Chair Cp. - Com. Stk.	X			3/29	X						
	Lenadia Nat. Cp. - Com. Stk.	X			10/6-11/8	X						
	Penn Central Cp. - Com Stk.	X			6/9-12/10		X					
	Toro Co. - Com. Stk.	X			10/1-11/19	X						
	Trinity Inds. - Com. Stk.	X			9/8-11/10	X						
	Hon Ind. - Com Stk		X		2/11	X						
	Banoag "A" - Com Stk		X		3/17	X						
	Banoag - Com Stk		X		4/19	X						

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SCHEDULE IV — TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	ILL. TOOL WORKS - Com. Stk.		X		4/19	X						
	General Mills - Com. Stk.		X		5/4	X						
	CPC Int. - Com. Stk.		X		5/12	X						
	Hershey Foods - Com. Stk.		X		6/12	X						
	Philip Morris - Com Stk		X		6/8	X						
	Bausch - Lomb - Com Stk.		X		6/19	X						
	Colgate Palmolive - Com Stk		X		6/16	X						
	USF Inc. - Com Stk		X		6/28	X						
	Watts Ind. - Com Stk.		X		7/16	X						
	Rubbermaid Inc. - Com Stk		X		7/29	X						
	Interpublic Group - Com Stk		X		8/19	X						
	Vishay Intertech - Com Stk		X		8/10	X						
	Jas. M. Myers - Part #2											
	Alex Brown Cash Res. RD.	X			various	X						
	"		X		various	X						
	Gillett Co. - Com. Stk.	X			2/12	X						
	Knight Ridder - Com. Stk.	X			6/18	X						

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Name John Alexander McMahon | Page 17 of 22

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	Jas. M. Myers - IRA											
	Alex Brown Cash Res. Fd.	X			various	X						
	"		X		various	X						
	Consumer Corp. - Com Stk	X			11/18	X						
	Gillett Cos. - Com Stk		X		3/16	X						
	Leucadia Nat. Co. - Com Stk	X			11/18	X						
	Penn Central Corp. - Com Stk	X			10/4	X						
	Pepsico Inc. - Com Stk	X			3/5	X						
	Hunt Mfg. Co. - Com Stk		X		1/25	X						
	General Mills - Com Stk		X		5/13	X						
	Watts Ind - Com Stk		X		8/23	X						
S	1st Union Nat. Bank - TUA											
	Tax Exempt Bond Fund	X			various	X						
	"		X		various	X						
	N.C. Housing Agc. Bond.		X		7/2	X						
	N.C. Tax Exempt Bond Fund	X			various		X					
	"		X		various		X					

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SCHEDULE IV — TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	COMMON STOCK FUND	X			7/31	X						
	"		X		various	X						
S	THOMAS M. MYERS FULL DISC. ACT. (1)											
	CONSTAR CORP. - COM STK.	X			11/17	X						
	FEDERAL MOGUL CP. - COM STK	X			12/15	X						
	KIROY CORP. - COM STK.	X			8/18	X						
	LEUCADIA NAT. CP. - COM STK	X			10/18	X						
	PENN CENTRAL CP. - COM STK	X			9/21	X						
	PEPSICO INC. - COM STK	X			3/5	X						
	TORO CO. - COM STK	X			10/20	X						
	TRINITY INDS. - COM STK	X			9/16	X						
	ALEX BROWN CASH RES.	X			various		X					
	"		X		various	X						
	ILLINOIS TOOL - COM STK		X		4/27	X						
	BUSCH - LOMB - COM STK	X			2/27	X						
	"		X		6/16	X						
	CPC INT - COM STK		X		6/28	X						

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Colgate Palmolive - Com Stk		X		8/18	X						
	Thomas & Betts - Com Stk		X		11/17	X						
	Dun & Bradstreet - Com Stk		X		11/5	X						
S	Thos. M. Myers - IRA											
	Coastal Corp - Com Stk	X			11/18	X						
	Gillette Co. - Com Stk	X			2/12	X						
	Lucadia Nat. Co. - Com Stk	X			11/18	X						
	Penn Central Corp - Com Stk	X			12/15	X						
	Pepsico Inc. - Com Stk	X			10/4	X						
	Alex Brown Cash Res. Fund	X			various	X						
	"		X		various	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	CONCO. FED. CREDIT UNION								
	WASHINGTON, D.C.	AUTO LOAN	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
SEE ATTACHED ADDENDUM B		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
REMINGTON FARMS	JAN. 7-9	WASHINGTON - CHESTERTOWN WASHINGTON	Y	Y	N	N
CONGRESS OF TOMORROW	Feb. 25-27	WASH. - PRINCETON - WASH	Y	Y	Y	N
NATIONAL CABLE TV ASSN	JUN. 5-7	WASH - SAN FRAN - WASH	Y	Y	Y	N
N.C. Society of Int. Medicine	JUN. 24-25	WASH - Wilmington CHAR	Y	Y	N	N
AMP INC.	Sep. 10	WASH - HARRISBURG - WASH	N	N	N	N
CORNING-HOUGHTON GROUP	AUG. 5-7	WASH. AUGUSTA - WASH	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Center for Public Television, Univ. of N. Carolina
Member	Board of Visitors, Univ. of N.C. @ Charlotte
President	McMillan Company

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-684 (mac)

Use additional sheets if more space is required.

ADDENDUM A

JAMES M. MYERS RESEARCH

Ideas For The Enterprising Investor

P O BOX 35415
120 COTTAGE PLACE

CHARLOTTE, NORTH CAROLINA 28235

704-333-1710
N C Toll Free 1-800-832-8686

268-00202-17

DISCRETIONARY

Gentlemen:

This will confirm your employment as Investment Counsel to supervise and manage the investment of the assets designated by us. The assets in this account may be placed with such custodian or broker as we may from time to time designate, and we understand that you shall not at any time have physical possession of any of our cash, securities, or other assets of this account. We also accept notice that you may act for other clients.

We designate James M. Myers & Co.
as the custodian and/or broker for this account.

We authorize you, as you see fit, to direct the custodian and brokers from time to time whether, when, where and how to buy, sell, change, invest, reinvest, retain, or deposit any or all of the assets of this account, the proceeds thereof and additions to it, and you may take any action or non-action that you deem appropriate, without any other consent or authority from us, and you may exercise your discretion and deal in and with such assets exactly as fully and free as we ourselves might do as owners thereof; and such custodian and brokers are hereby authorized to rely upon your direction without further acknowledgement from us.

It is understood that you shall maintain records on our account and shall furnish quarterly statements showing the composition and market value of the account. You shall have no responsibility for monitoring those items requiring action by the holder such as voting rights, exercise of warrants and rights to subscribe to additional stock, or other items over which you have no control as a result of not maintaining custody.

You represent and warrant that James M. Myers Research is an Investment Adviser as defined in the Investment Advisers Act of 1940. Furthermore, you are a "fiduciary" (within the meaning of ERISA) with respect to Retirement Funds under your management, insofar as you are an "investment adviser" as defined in Section 3(38) of ERISA.

(Over)

Addendum B

GIFTS 1993

HOLOCAUST DENIAL $12.95, THE AMERICAN JEWISH COMMITTEE

HOLIDAY CD GREETING CARD, ASCAP HOLIDAY, AMERICAN SOCIETY OF COMPOSURES AUTHORS AND PUBLISHERS.

ORIGAMI PAPER SNOWFLAKE TREE ORNAMENT, MCDEVITT STREET BOVIS

1994 CALENDAR, "STEEL SHAPING THE FUTURE"

1994 CALENDAR, "NORTH CAROLINA IMAGES" WEYERHAEUSER

1994 CALENDAR, "PETA'S ANIMALS CALENDAR, PEOPLE FOR THE EHTICAL TREATMENT OF ANIMALS

1994 CALENDAR, THE NATIONAL FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUBS/USA

"WEALTH, HOW TO GET IT HOW TO KEEP IT" $24.95, H.D VEST

"INTERWOVEN DESTINIES CITIES AND THE NATION" $25.00, THE AMERICAN ASSEMBLY COLUMBIA UNIVERSITY

CRANBERRY COLORED TIE WITH WOVEN PATTERN REPRESENTING ELECTRICTY GENERATED FROM GEOTHERMAL STEAM; MAP OF THE INDONESIAN ARCHIPELAGO AND SPHERE FOR THE SIGN OF THE 7,. UNOCAL

"THE MERCER HOUSE 1861" PRINT, SAVANNAH FOODS

1994 "FIRST AMENDMENT CALENDAR," THE FREEDOM FORUM

1994 CALENDAR, AMERICAN ASSOCIATION COMMUNITY COLLEGES

1994 SIERRA CLUB CALENDAR

1994 CALENDAR, W.H. LONG MARKETING, INC+

AM/FM CLOCK RADIO, GENERAL ELECTRIC

1994 CALENDAR, ZAMBELLI INTERNATIONALE

"WHAT DO AMERICANS KNOW ABOUT THE HOLOCAUST?", THE AMERICAN JEWISH COMMITTEE

2 VIDEOS: "HOME ALONE 2" AND "THE LAST OF THE MOHICANS", FOX BROADCASTING

BOTTLE JOSEPH PHELPS CHARDONNAY, MICHAEL S. JOHNSON

CASE ORANGES AND GRAPEFRUITS, CALLEY-JUDGE GROVE WHO DONATE 20% OF PURCHASE TO CHILDREN'S INN, NIH, MERCK, WASHINGTON OFFICE

VIDEO: "THE AMERICAN EXPERIENCE: EISENHOWER", PBS, AMERICAN PUBLIC TV STATIONS

THE 1994 U. S. OLYMPIC PLANNER, STEPHEN BULL, DIRECTOR, GOVERNMENT RELATIONS, U. S. OLYMPIC

AMERICAN HOME PRODUCTS CORPORATIONS:
1994 POCKET CALENDAR
1992 ANNUAL REPORT
25 HONEY-LEMON ROBITUSSIN COUGH DROPS
ANBESOL GEL
7 1/2 OZ. BEEF KAVIOLI
15 OZ. CHEF BOYARDEE CHOMPS-A-LOT, BEEF RAVIOLI
15 OZ. RANCH STYLE BEANS
50 ANACIN GEL CAPLETS
20 CAPLETS ANACIN PM.
6 OZ. ROBITUSSIN NIGHT RELIEF
22 OZ. WHEATENA
5 OZ. CRUNCH N MUNCH
8 OZ. GLUDENS MUSTARD
10 1/2 OZ. MAIN MEALS, MEAT TORTELLINI
2 TUBES CHAP STICK
0.9 OZ. PREPARATION H
50 TABS ADVIL
0.5 OZ. CALLYRIUM EYE DROPS
8 OZ. DENOREX MEDICATED SHAMPOO
4 OZ. ROBITUSSIN DM
15 PREPARATION H CLEANING TISSUES
50 COATED ANACIN TABS
24 LIQUID GEL DIMETAPP CAPS
0.15 OZ. CHAP STICK MEDICATED
7.5 OZ. ANBESOL GRAPE TEETHING PAIN GEL
20 CAPLETS ADVIL COLD AND SINUS
10 OZ. POLANER FRUIT AND STRAWBERRY PRESERVES
ROBITUSSIN COUGH DROPS

YOUR GOOD HEALTH CALENDAR FOR 1994, JOHN M. RECTOR, ESQ., NATIONAL ASSOCIATION OF RETAIL DRUGGISTS

AETNA 1994 AFRICAN-AMERICAN HISTORY CALENDAR

FARFEL, STUFFED TOY PUPPET AND NESTLE' 12 OZ. PACKAGE MINI CRUNCH BARS, CHOCOLATE MANUFACTURERS ASSOCIATION OF U.S.A. AND AMERICAN COCOA RESEARCH INSTITUTE

2 POCKET CALENDARS, U.S. CHAMBER OF COMMERCE

1 POUND ENSTROM ALMOND TOFFEE, GLAXO

1994 CALENDAR, UNION PACIFIC RAILROAD

VIDEO, "A BATTLE CRY FOR HEALTH FREEDOM", NATIONAL NUTRITIONAL FOODS ASSOCIATION

FRITO LAY SNAK BOX:
6 OZ. WAVY LAY'S POTATO CHIPS
16 OZ. FRITOS SCOOPS
10 OZ. CHEETOS PAWS
10 OZ. ROLD GOLD PRETZEL CHIPS
CHEMICAL SPECIALITIES MANUFACTURERS ASSOCIATION:
CREAM CANVAS TOTE WITH LOGO: CSMA
4 WOOL SOAP PADS, SCOTCH BRITE
AIRWAVES FRESHNER
9 OZ. BEHOLD FURNITURE POLISH
2.8 OZ. STAIN OUT STICK
FLEA AND TICK COLLAR
2 OZ. LIQUID GOLD WOOD CLEANER AND PRESERVATIVE
19 OZ. FORAMING GLASS CLEANER
12 OZ. SOFT SCRUB CLEANER
10 OZ. TURTLE WAX DUSTING AND CLEANING
7 OZ. GILLETTE GEL
12 OZ. SOFT SCRUB
7 OZ. HARTZ BLOCKADE FOR DOGS
2 POST-IT NOTE PADS
1 CARTRIDGE AIR WAVES FRESHENING REFIL
7 OZ. ELEGANCE AIR FRAGRANCE

"NORTH OF NORTH" $11.95, COURTESY OF AUTHOR, CONNELLY L. GRAHAM

"JOURNAL OF DEMOCRACY", OCTOBER '93 $7.50, NATIONAL ENDOWMENT FOR DEMOCRACY

JOHNSON & JOHNSON:
CUP Q'TIPS
3 BAND AIDS
2 EXTRA SOFT TOOTH BRUSHES
100 TYLENOL GEL CAPS
WHITE J&J COFFEE MUG
9 OZ. BABY LOTION
50 YARDS MINT DENTAL FLOSS
8 OZ. SHOWER TO SHOWER BODY POWDER
7 OZ. BABY SHAMPOO

2 CDs: CHICAGO SYMPHONY AND HONKY TONK ANGELS, RECORDING INDUSTRY ASSOCIATION OF AMERICA, INC.

1994 CALENDAR, RAND

"CMMONWEALTH NOW!" AND BALLPOINT PEN, GUAM

1994 PLANNING CALENDAR, NORTHROP

METAL CONTAINER WITH FARM SCENE, SNACK FOOD ASSOCIATION
7 OZ. POTATO CHIPS
7 OZ. WHITE CHEDDAR POPCORN
11 OZ. THIN PRETZELS

"SOCIAL SECURITY AND MEDICARE, A POLICY PRIMER", AARP

BEER MUG WITH LEMON CANDY, BEER INSTITUTE

BOX FANNIE MAY AND FANNY FARMER CHOCOLATES, NATIONAL CONFECTIONERS ASSOCIATION

1994 KODAK DESK CALENDAR

NECKTIE, CAROLINA ELECTRIC COOPERATIVES

RED CANVAS WITH WHITE SNOWFLAKE TOTE BAG, NATIONAL FOOD PROCESSORS ASSOCIATION:
CAN PRINGLES
JELLO - NO BAKE DESSERT, CHOCOLATE MOUSSE PIE
UNCLE BEN'S STUFFING MIX, TRADITIONAL SAGE
CAN SHOESTRING POTATO STICKS
12 OZ. CONTAINER CRAN-FRUIT
11.5 OZ. FISHER FAVORITES, TOFFEE NUT AND CASHEWS MIX
PARMESAN GARLIC RANCH DRESSING
3 PACKAGES, MILK CHOCOLATE SWISS MISS MIX
18 OZ. WELCH'S GRAPE JELLY
1.4 OZ. BOX CRACKER JACKS
5.8 OZ. CAN APPLE JUICE
12 OZ. PET MILK
16 OZ. CAN APPLE SAUCE
15.4 OZ CAN FRUIT SALAD
15 OZ. CAN GOYA BLACK BEAN SOUP
CAMPBELL TOMATO SOUP CAN BANK

1994 POCKET CALENDAR, MERRILL LYNCH

VIDEO: "FOCUS ON THE FUTURE, UPDATE NOVEMBER 19, 1993," FOOD LION

RED POINTSETTIA, MIKE DINEEN, KEMPER GROUP

16 OZ. AUNT RUBY'S PEANUTS, N. C. PEANUT GROWERS ASSOCIATION

KIMBERLY/CLARK CORPORATION BOX OF PRODUCTS:
1994 PLANNING CALENDAR
ROLL PAPER TOWELS
BOX KLEENES ULTRA TISSUES
BOX KLEENEX BEVERAGE NAPKINS
2 ROLLS KLEENEX BATHROOM TISSUES
2 PACKAGES KLEENEX ULTRA TISSUES
KLEENEX LITTLE TRAVELER TISSUES
COFFEE MUG WITH KIMBERLY-CLARK LOGO
PACKAGE WORKHORSE MANUFACTURED RAGS
$50 COUPON FOR AIR TRAVEL ON MIDWEST EXPRESS

10 ROLLS GIFT WRAPPING PAPER, CHAMPION PAPER CO.

"WHAT EVERYONE SHOULD KNOW ABOUT SOCIAL SECURITY", $2.95, THE SENIORS COALITION

1994 UVA CALENDAR, DARDEN

"RIGHT ON!" 1994 CALENDAR, $11.95, RIGHT ON! PUBLISHING

"LETHAL MEDICINE" $22.50, AMERICAN BOARD OF PROFESSIONAL LIABILITY ATTORNEYS

TOXIC TERROR, AMERICAN COUNCIL ON SCIENCE & HEALTH

ASSOCIATIED PUBLIC SAFETY COMMUNICATIONS OFFICERS BULLETIN, AUGUST '93, 59TH CONFERENCE 7 EXPOSITION

VIDEO: "THE CIVIL WAR" PRODUCED BY AMERICAN HERITAGE, COMPLIMENTS OF THE CIVIL WAR TRUST

"RUSSIA 2010" $23.00, CAMBRIDGE ENERGY RESEARCH ASSOCIATION

PERSONALIZED POCKET CALENDAR '94, BILLIE RAY, SOUTHERN BELL

"LIFE" MAGAZINE, $2.95, DECEMBER, 1993, DANIEL OKRENT, MANAGING EDITOR

"CONGRESS IS HEADED FOR HELL AND AMERICA WITH IT, HOW WE MUST WIN" $6.95, ANOMYOUS

1994 PERSONALIZED POCKET CALENDER, NORFOLK SOUTHERN

"WHAT A COLLEGE SENIOR SHOULD KNOW WHEN THE BARREL IS EMPTY AND THE PARTY IS OVER" $17.00, U. OF WISCONSIN, LA CROSSE

BON APPETIT, THE AMERICAN ALBUM, NOVEMBER 1993 $2.95, CONGRESSMAN DE LA GARZA

BLACK AND GOLD TILE TRIVET WITH "BCH" LOGO AND VIDEO, VEDCO ENERGY CORPORATION

ONE EACH: FORD, CHRYSLER AND GM 'KEYS', AMERICAN AUTOMOBILE MANUFACTURES ASSOCIATION

"THE TEN DAY MBA", $23.00, COMPLIMENTS OF THE AUTHOR, STEVE SILBIGER

1993 "NATIONAL FOOTBALL LEAGUE RECORD AND FACT BOOK"; BLACK GOLF SHIRT WITH PANTHER LOGO

13 DRIED BEANS; 1 TABLESPOON DRIED RICE; OXFAM AMERICA HUNGER BANQUETS WITH INVITATION FOR MICKEY LELAND BANQUET 11/18/83

"CRUEL AND UNUSUAL PUNISHMENT, THE U. S. BLOCKADE AGAINST CUBA" CUBA INFORMATION PROJECT $9.95

1994 CALENDAR, 75TH ANNIVERSARY AMERICAN FARM BUREAU FEDERAL

THE "CHOICE", ISLAM AND CHRISTIANITY, VOLUME 1, ISLAMIC PROPAGATION CENTRE INTERNATIONAL

VIDEO, BILL GATES TV COMMERCIAL IN SUPORT OF NAFTA

'SAVE OUR SEQUOIAS' LAPEL PIN SUPPORT HR 2153, CONGRESSMAN GEORGE E. BROWN, JR.

QUAKER COMPANY - NAFTA
-CAPTAIN CRUNCH
-QUAKER OAT SQUARES
-QUAKER OATS
-CAPTAIN CRUNCH BERRIS
-QUAKER CHEWY GRANOLA BARS
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-13.2 OZ. KEN-L-RATION HEARTY CHUNKS

1994 CALENDAR, 'GIVING IS CARING'; NATIONAL PHILANTHROPY DAY COMMITTEE

"HEALTH INSURANCE, UNDERSTANDING IT, AND MEDICARE", FEE PUBLISHING COMPANY $9.95

VIDEO: PRESIDENT BILL CLINTON ON NAFTA, AMERICAN BUSINESS CONFERENCE

VIDEO: "ABANDONED MINES" HARDROCK ABANDONED MINES RECLAMATION, MINERAL POLICY CENTER

VIDEO: "ALL WORK AND NO PLAY: NAFTA'S IMPACT ON CHILD LABOR". LABOR INSTITUTE OF PUBLIC AFFAIRS

VIDEO: INDUSTRY REPORT: "ISSUES IN CRISIS" 1ST STAR COMMUNICATIONS, LTD.

"AIN'T NOBODY'S BUSINESS IF YOU DO", PRELUDE PRESS $22.95

THE HOPE HEALTH 1994 CALENDAR, MEDICAL EQUIPMENT AND SUPPLIES

"NAFTA NOW!" BUMPER STICKER, CITIZEN'S FOR A SOUND ECONOMY

"THE CAPITAL SOURCE" NATIONAL JOURNAL, INC. $24.95

T-SHIRT, "THE WOODWRIGHT'S SHOP" UNC-TV

CASSETTE: SAY 'NO' TO NAFTA, COMPLIMENTS, EDDIE STARR, SINGING STEEL WORKER, LOCAL 67

5 OZ. NESTLE' CRUNCH CHOCOBAR, NESTLE' USA, INC.

3 BIRTHDAY CARDS, COURTESY RECYCLED PAPER GREETINGS

TOTE BAG AND 2 NAFTA T SHIRTS, AMERICAN TEXTILES SUPPORT NAFTA

BASKET PRODUCTS, 'NAFTA IS JUST GOOD BUSINESS' GROCERY MANUFACTURERS OF AMERICA:

"THE NFL AND YOU, 1993-1994", THE COMMISSIONER, 9/93

CASSETTE TAPE GOPAC

"THE PRESIDENT'S HEALTH SECURITY PLAN" TIMES BOOKS $9.00

VIDEOS: "RESERVATIONS ABOUT FREEDOM" AND "TRIBAL GOVERNMENT GAMING, HOPE FOR THE FUTURE", CABAZON BAND OF MISSION INDIANS

"WATER: THE POWER, PROMISE AND TURMOIL OF NORTH AMERICA'S FRESH WATER" NATIONAL GEOGRAPHIC SPECIAL EDITION

"FROM CRADLE TO GRAVE" McMILLAN PUBLISHING COMPANY $20.00

"A PLACE AMONG THE NATIONS" DR. JERROLD M. BECKER $24.95

"THE SECRET OF LIFE," THE UPJOHN CO. $24.95

VIDEO: "BEFORE YOU BUY THE PRESIDENT'S HEALTH PLAN" HERE'S A 2ND OPINION FROM DR. LIMBAUGH. RUSH LIMBAUGH, THE TELEVISION SHOW

PAIR JEANS, 'AMERICAN TEXTILES SUPPORT NAFTA' AMERICAN TEXTILES MANUFACTURERS INSTITUTE

"DEBT, SHMEBT: DISPELLING ILLUSIONS ABOUT THE NATIONAL DEBT" PRINT COMMUNICATIONS

VIDEO: "READY TO LEAN PROJECT", PBS

CD: "INNOVATORS" WORD PERFECT, SIX O WINDOWS

LARGE LAPEL BUTTON: 'PEACE IS POSSIBLE. I CNA HELP. DONGRESSMAN RICHARD NEAL

TOTEL BAG, AMERICAN TEXTILES SUPPORT NAFTA

CAP: COUNTRY MUSIC TELEVISION

TRIANGLE SPECIAL EVENTS DIRECTORY, COMPLIMENTS OF SUSIE WILLIAMS

"A CALL FOR REVOLUTION" COMPLIMENTS BALLENTINE-DELREY FAUCETT & IVY DIVISION OF RANDOM HOUSE, INC. $8.99

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-10.3 OZ. SWEET TARTS
- 7.1 OZ. SPREE

"BANKRUPTCY 1995," HARRY E. FIGGIE, JR., CEO, FIGGIE INTERNATIONAL $11.95

"STATISTICS FOR THE 21ST CENTURY," DUNN & BRADSTREET $14.95

9 NORTH CAROLINA POSTERS AND 1 RACE POSTER

1994 NATIONAL ARBOR DAY FOUNDATION CALENDAR

"PROJECT VOTE SMART" FALL 1993 EDITION, CENTER FOR NATIONAL INDEPENDENCE IN POLITICS

2 LARGE RED DELICIOUS APPLESKIDS PEACE, THE NATIONAL CENTER FOR KIDS IN CRISIS

1994 POCKET CALENDAR, U.S. FLAG SERVICE, FREDERICK, MARYLAND

VIDEO, "THE VANISHING CIVIL WAR" PENN STATE

VIDEO, "PREJUDICE: ANSWERING CHILDREN'S QUESTIONS." NYNEX

NAVY AND WHITE CANVAS TOTE BAG, 1983-1993 S.E. TOURISM SOCIETY:
- BLUE AND WHITE STONEWARE MUG, TIM TURNER, BANNER ELK, N. C.
- 1992 SOUTHERN LIVING ANNUAL RECIPES
- MAGAZINES:
  "COOKING LIGHT" OCTOBER, 1993 $2.95
  "SOUTHERN LIVING" OCTOBER 1993 $3.50
  "SOUTHERN LIVING TRAVEL GUIDE WEEKENDS" OCTOBER 1993 $3.95
  "THE STATE, DOWN HOME" SEPTEMBER 1993 $2.00

CAPITOL HILL CLUB TOURNAMENT, 10/4/93
- 6 GOLF BALLS, CHEVRON
- 1 TOWEL, CHEVRON
- 1 DEODORANT, CHEVRON
- 12 TEES, CHEVRON

"PENNY WONDER DRUG" COMPLIMENTS, ROBERTS S. PERSKY, N.Y.

"THE POWER OF PREVENTION COOKBOOK," CANCER FOUNDATION OF AMERICA $15.00

3 PAIR GOLD TOE SOCKS: BLUE, BLACK AND BROWN. NATIONAL HOSIERY WEEK, NATIONAL ASSOCIATION HOSIERY MANUFACTURERS

"THE FUTURE OF CHILDREN", SUMMER/FALL, 1993, CENTER FOR THE FUTURE OF CHILDREN

"THE IMPACTS OF ENVIRONMENTAL PROTECTION AND FOOD SAFETY REGULATION ON U.S. AGRICULTURE" AGRICULTURAL POLICY WORKING GROUP

"IT IS TIME" INTERNATIONAL NETWORK OF CHRISTIAN BUSINESSMEN

MAGENTA BALLPOINT PEN AND NFORMATION PACKET, RURAL ROADS ADVOCATE PROGRAM, TOM NANNEY, BLACK MOUNTAIN, NORTH CAROLINA

"ALASKA" MAGAZINE, OCTOBER 1993

"LET US PREY" HARPER COLLINS PUBLISHERS

"THE PRESIDENT'S HEALTH SECURITY PLAN, TIMES BOOKS, $8.00

THE GORE REPORT ON REINVENTING GOVERNMENT, TIMES BOOKS, $9.00

"PHYSIC'S TODAY", SEPTEMBER, 1993, AMERICAN INSTITUTE OF PHYSICS

"HISTORY, HUMANITY AND TRUTH" THE 1993 JEFFERSON LECTURE IN THE HUMANITIES, HOOVER INSTITUTION

THE MYTHS ABOUT HIGHER TAXES, HOOVER INSTITUTION

VIDEO TIED WITH A BLUE AND WHITE BANDANA: "WESTERN RANCHING: CULTURE IN CRISIS" WESTERN LIVESTOCK PRODUCERS ALLIANCE

CASSETTE: "THE DAWNS EARLY LIGHT" CORAL RIDGE MINISTRIES

"THE STATE" MAGAZINE, DECEMBER, 1993 SHAW PUBLISHING, INC. $2.00

CASSETTE: RORY'S "KIDROCK" MUSIC, DISCOVERY COMMUNICATIONS, INC.

VIDEOTAPE, FOOD LION, OCTOBER 1993

"RECENT ATTACKS ON THE BOY SCOUTS OF AMERICA" THE CLAREMONT INSTITUTE

"EXPLORING A HUMAN RIGHTS APPROACH TO HEALTH CARE REFORM" AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

"HOMELESS" PORTRAITS OF AMERICANS IN HARD TIMES, SEN. DIANNE FEINSTEIN

"CONSTITUTION" MAGAZINE, FALL, 1993 FOUNDATION FOR THE U.S. CONSTITUTION

"BLIND INJUSTICE!" EYE COMMUNICATIONS

"SUNSET" MAGAZINES, AUGUST 1993 $2.95

1 OZ. SPORT-WASH BRAND, SCENT-FREE DETERGENT; "CLEAN UP AMERICA" DETERGENT FOR SPOTLESS SENATORS ADN REPRESENTATIVES THAT WORK LIKE NEW! UNITED WE STAND AMERICA, S. C. CHAPTER

4 POSTERS, FAMILY RESEARCH COUNCIL

"COSTLY POLICIES" STATE REGULATION AND ANTITRUST EXEMPTION IN INSURANCE MARKETS, THE UNVIERSITY OF CHICAGO

"BREAST CANCER THE COMPLETE GUIDE" NATIONAL ALLIANCE OF BREAST CANCER ORGANIZATION $24.50

"SAVE OUR CHILDREN" SAVE OUR CHILDREN NATIONAL ALLIANCE

RED AND WHITE CARDBOARD LUNCH BOX WITH PAMPHLETS, NATIONAL DAY OF THE WORKING PARENT, NATIONAL COUNCIL OF JEWISH WOMEN

"MAKEDONIA" THISTORICAL PROFILE OF NORTHERN GREECE, ARISTOTLE UNIVERSITY OF THESSALONIKI

1 POUND BACON; 3 POUNDS HAM, NORTH CAROLINA PORK PRODUCERS ASSOCIATION

HARD TRUTHS/TOUGH CHOICES, AN AGENDA FOR STATE AND LOCAL REFORM, NELSON A. ROCKEFELLER, ROCKEFELLER INSTITUTE OF GOVERNMENT

THE RULING CLASS, HERITAGE FOUNDATION $2.95

"NEW THE WORLD'S LARGEST MARKETPLACE" T-SHIRT, CHICAGO MERCANTILE EXCHANGE

AMERICAN FOLK LIFE POSTER AND OFFICIAL 1993 PROGRAM, SMITHSONIAN FESTIVAL

"SHADED WINDOWS" (AN OPINION) DR. JOHN C. MASON

BLACK COFFEE MUG, WOODBERRY FOREST, AMICI FUND

CASSETTE: RENEWING AMERICAN CIVILIZATION, GOPAC

8 TRUFFLES, CHEF D'OEUVRE, 1993, NATIONAL RESTAURANT ASSOCIATION

"THE LITTLE GIRL WHO GREW UP TO BE GOVERNOR" COMPLIMENTS OF CONGRESSMAN TED STRICKLAND

2 BUTTONS, "PARTY SMART," BEER DRINKERS OF AMERICAN EDUCATION PROJECT

CHAMPION SPARK PLUG FROM 7 COLLEAGUES PRIOR TO NAFTA

VIDEO: FOOD LION, JULY EDITION

"PENSIONS IN A CHANGING ECONOMY," NATIONAL ACADEMY ON AGING

"VIDEO AND TEXT PROGRAM, ASSOCIATION OF INDEPENDENT CORRUGATED CONVERTERS

DEFICIT REDUCTION LEAPEL PIN, COURTESY, RESULTS, INC.

VIDEO: FOR AIR SUPERIORITY IN THE 21ST CENTURY, THE F-22 IS BEYOND PARITY, COMPLIMENTS, tHE F-22 TEAM

"THE STAR SPANGLE TRIBUTE" RED, WHITE AND BLUE BASKET WITH FLOWERS AND AMERICAN FLAG FILLED WITH 10 AMERICAN FLAGS AND RED WHITE AND BLUE CLOTH FLOWERS ON INDEX CARD WITH JOB TRAINING PARTNERSHIP PROGRAM INFORMATION FOR AMERICAN WITH DISABILITIES IN ACTION

"THE CHALLENGE TO GOVERNMENT" MANAGEMENT OF A CAPITALIST ECONOMY, AUTHOR: HERBERT W. ROBINSON $39.95

THE RULING CLASS, INSIDE THE IMPERIAL CONGRESS, HERITAGE FOUNDATION $24.00

VIDEO:VIDEO: 1993 NATIONAL MEMORIAL DAY CONCERT, JAMES R. MELLOR, PRES/CEO, GENERAL DYNAMICS ANDCONGRESSMAN MURTHA, JERRY COLBERT, EXECUTIVE PRODUCER

CASSETTE: LEADING JOURNALIST DISCUSS THE FIRST 100 DAYS OF THE CLINTON ADMINISTRATION. DONOR UNKNOWN

"HOW TO PROTECT YOUSELF FROMCIME" CONGRESSMAN DON SUNQUIST $9.95

"GAYS AND GUNS" THE NATIONAL LEGAL FOUNDATION

VIDEO: "ADVENTURE WITH A STAR" DAIMLER-BENA, WASHINGTON, DC

COMPUTER SOFTWARE PACKAGE: KIPLINGER'S: "CA - SIMPLY MONEY" COMPLIMENTS OF COMPUTER ASSOCIATES $69.99

1993-1994 NAVAJO NATION CALENDAR AND POST CARD, THE NAVAJO NATION WASHINGTON OFFICE

SMALL BAG PEACHES, SOUTH CAROLINA SENATE AND CONGRESIONAL DELEGATION

2 - 16 OZ. CANS SWEET POTATOES, SWEET POTATO COUNCIL

BOOKLET: "SEVEN VALUES TO LIVE BY," NORMAN VINCENT PEALE, THE CENTER FOR POSITIVE THINKING

PEN, UPS $5.00

1993 DIGEST OF MOTOR LAWS, aaa $7.95

PERSONALIZED COPY, ROAD ATLAS U.S, CANADA AND MEXICO, ALLSTATE MOTOR CLUB, INC.

VIDEO: FOOD LION, JUNE 1993

"FORMOSA BETRAYED" FORMOSAN ASSOCIATION FOR PUBLIC AFFAIRS $25.00

JOURNAL OF LEGISLATION, NATRE DAME LAW SCHOOL, VOLUME 19, #2, 1993

FLAG DAY 1993 TOTE BAG WITH NESTLE' PRODUCTS
-BAG FUNSIZED CRUNCH BARS
-5.5 OZ. BOX COFFEE NIPS HARD CANDY
-1.7 OZ. ORANGE FLAVORED SUGAR-FREE ICE TEASERS AND SUGAR FREE TEA
-2.3 OZ TAFFY TARTS
-BOX CONTADINA PENNE PASTA
-BOX CONTADINA ROTELLE PASTA
-2 OZ. BAG SUNFLOWER SEEDS
-12.42 OZ. NESTLE DARK CHOCOLATE FUDGE SWEET SUCCESS WEIGHT LOSS PLAN DRINK
-3 PAPER AMERICAN FLAG CUT OUTS

1993 POSTER, THE AMERICAN FOLKLIFE CENTER

ONE FOOD LION TEA BAG, LOCAL 289, IBEW

GLASS COFFEE MUG, C-SPAN

PINK AZALEA, CHICAGO MERCANTILE

2 X 4 X 1 3/4 SIGN WITH MEMBERS SIGNATURES, NATIONAL ASSOCITION F HOMEBUILDERS OF CHARLOTTE, NORTH CAROLINA

LINK MAGAZINE, JUNE 1993, MAGAZINE OF THE YELLOW PAGES MEDIUM $6.00

"BANKRUPT" HARDCOVER BOOK AND "BANKRUPT T-SHIRT", COMPLIMENTS, JAMES V. McTEVIA, AUTHOR, $21.95 (BOOK)

VIDEO: "PROJECTING POWER FROM THE SEA," NAVY LEAGUE OF U.S.

2 CASSETTE TAPES: "LET ME LIVE" DOLORES J. SNEAD, PENNSYLVANIA

"PATIENT POWER, SOLVING AMERICA'S HEALTH CARE CRISIS" COMPLIMENTS CATO $16.95

103 CONGRESSIONAL DIRECTORY, HEALTH INSURANCE ASSOCIATION OF AMERICA

STUFFED GRAY ELEPHANT, UNKNOWN

VIDEO: "NIGHTHAWK" LOCKHEED CORPORATION

RECTANGULAR LUCITE PAPERWEIGHT, 102ND CONGRESS, COMPLIMENTS: RIAA

"CAULDRON" WARNER BOOKS, INC. $22.95

"MAY IS NATIONAL CANDY MONTH," TOTE BAG OF GOODIES, CHOCOLATE MANUFACTURERS ASSOCIATION AND NATIONAL CONFECTIONERS ASSOCIATION:
-.06 OZ. GUMMI SAVERS
-SMALL PACKAGE JEFFY BELLY
-PEANUT CLUSTER
-1.2 OZ PEANUT CRUNCH
-4 OZ WERTHERS ORIGINAL
-1 PIECE SEE'S CANDIES
-1 ROLL REED'S CINNAMON
-1.55 OZ HERSHEY COOKIES/MINT BAR
-3.5 OZ CHOCOLATE RAISINS
-BAG ASSORTED HARD CANDY
2.5 OZ. ROOKS
-3/4 OZ JUJY FRUITS
-2 OZ CHERRY SOURS
-6 OZ CARAMEL CREAMS
-1/1/2 OZ PNUTTERS
-1.6 OZ JOLLY RANCHER
-FUN SIZED PLAIN M&M'S
-3 PIECES LINDT LINDOR

T-SHIRT, TEAM BLUE MOLD, NATIONAL BEER WHOLESALERS ASSOCIATION AND RJR NABISCO INSIGNA: "NO SIN TAX"

T-SHIRT, "U. S. MANUFACTURING MATTERS" NATIONAL CENTER FOR MANUFACTURING SCIENCES

3 COPIES: "A GUIDE TO THE 103RD CONGRESS" LTV CORPORATION

1993-94 CONGRESSIONAL HANDBOOK, AMERICAN AUTO MANUFACTURERS ASSOCIATION

MERRIAM WEBSTER'S COLLEGIATE DICTIONARY, SUSAN E. LESLIE, DIRECTOR MARKETING, MERRIAM WEBSTER

MESH TOTE BAGUNC PUBLIC TV MESH TOTE BAG: VIDEO: 1992 MERLE WATSON MEMORIAL FESTIVAL, 2 LARGE STICKERS: BIG BIRD; CENTERPIECE MAGAZINE, MAY 1993; T-SHIRT, "WATCH IT: LEARNING FOR A LIFETIME"

"COMPASSIONATE CAPITALISM", RICHARD DE VOS, CO-FOUNDER OF AMWAY $22.00

6 PACK COCA-COLA CLASSIC, TAR HEEEL 1993 NCAA CHAMPIONSHIP, COMMEMORATIVE CANS, LAUREN STEELE, VP CORPORATE AFFAIRS, COCA-COLA, CHRLOTTE

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EHTAN ALLEN FURNITURE CATALOG $14.95

BLUE COSMETIC TOTE WITH PRODUCTS: MC KESSON CORPORATION:
-100 TABLETS VITAMIN C
-100 TABLETS ONE DAILY
-6 OZ VALU-RITE MOUTHWASH ADN GARGLE
-20 FLEXIBLE BANDAGES
-50 IBPROFEN TABLETS
-24 SINUS TABLETS
-24 NASAL DECONGESTANT ANTIHISTAMINE TABLETS
-150 ANTACID TABLETS
-"ABOUT YOUR MEDICINES" $7.95

"MODERATE PHYSICAL PRESSURE OR TORTURE?'

"INTERWOVEN DIESTINIES: CITIES AND THE NATION" THE AMERICAN ASSEMBLY, COLUMBIA UNIVERSITY

"STATE OF THE WORLD" WORLD WATCH INSTITUTE REPORT ON PROGRESS TOWARDS A SUSTAINABLE SOCIETY $10.95

"CONSERVATISM MADE EASY" TOM RANDALL

6TH ANNUAL DEFENSE INDUSTRY INITIATIVE ON BUSINESS ETHICS AND CONDUCT, TRW, INC.

RECYCLED PLASTIC SAIL TO WASHINGTON, DC INVITATION IN RECYCALBE PLASTIC BOTTLE

"GOD BE WITH YOU" WAR IN CROATIA AND BOSNIA-HERZIGOVINA, COMPLIMENSTS: JOHN BLAZEWICH

CASSETTE: "NEWSTRACK", COMPLIMENTS: NEWSTRACK

B'TSELEM "VIOLATIONS OF HUMAN RIGHTS IN THE OCCUPIED TERRITORIES, 1980/1991"
"THE INTERROGATION OF PALESTINIANS DURING THE INTIFADA: ILL TREATMENT, THE ISRAELI INFORMATION CENTER

VIDEO: "SELF-INSURANCE IT MUST BE PRESERVED" SELF INSURANCE INSTITUTE OF AMERICA, INC.

VIDEO: "ISRAEL: A NATION IS BORN"

"THE FRENCH PARADOX AND DRINKING FOR HEALTH" NATIONAL BEER WHOLESALERS ASSOCIATION $8.95

"THE MERCK MANUAL, 16TH EDITION: MERCK & CO. $22.50

THE HMS ROSE POSTER, RECYCLED PLASTICS SAIL TO WASHIGTON, D.C.

4 RECYCLE MUGS AND CAP, EARTH DAY 1993, NATIONAL ASSOCIATION CONVENIENCE STORES

"ALASKA," THE MAGAZINE OF LIFE ON THE LAST FRONTIER MAGAZINE $2.95

10 NORTH CAROLINA CONGRESSIONAL DELEGATION - 103RD ONCGRESSIONAL DIRECTORIES, CAROLINA TELEPHONE

"THROUGH MY EYES" YOSHIO TUASAWA MEMBER, JAPAN NATIONAL DIET, HOUSE OF COUNCILLORS

VIDEO: "THE GAY AGENDA" AMERICAN FAMILY ASSOCIATION

"THE WORLD MUST KNOW" U.S. HOLOCAUST MEMORIAL MUSEUM $40.00

T-SHIRT, "AMERICA'S TEXTILE ENCOURAGING ENVIRONMENTAL EXCELLENCE," AMERICAN TEXTILE MANUFACTURERS INSTITUTE

VIDEO "THE GREENING OF PLANET EARTH" AND "WORLD CLIMATE", FALL '92 AND WINTER '93, COMPLIMENTS, WORLD CLIMATE

"EXCLUSIONS" THE MILITARY COALITION $20.00

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-1 OZ LAYS POTATO CHIPS
-1.8 OZ CHUB AND CHEDDAR CRACKERS
-1 OZ - 24 PKGS. CORN NUTS
-CAN COKE
-1.5 OZ PECAN SANDIES
-RUBY RED GRAPEFRUIT
-APPLE JUICE
-CRANBERRY JUICE COCKTAIL
-1.8 OZ PACKAGE TOWN HOUSE AND CHEDDAR CRACKERS
-1 3/8 OZ TOASTCHEE PEANUT BUTTER CHEESE CHRACKERS
-2.25 OZ TOASTED AND SALTED PEANUTS
-BOTTLE QUEST PEACH
-2 1/8 OZ HYDROX
-1.4 OZ HEATH SENSATIONS
-CERTS PEPPERMINT
-CINNABURST GUM
-2 ROLLS REEDS CINNAMON
-EXTRA SUGAR FREE GUM
-CRUNCH BAR
-KING SIZE SYMPHONY CHOCOLATE BAR
-BAG M&MS
-1 CARAMEL COW TALE
-1 TOOTSIE POP

"GOURMET'S AMERICA" GOURMET MAGAZINE, APRIL 1993 $2.50

"POSITIVELY GAY" BETTY BERGON, Ph.D, $11.95

VIDEO "ISRAEL A NATION IS BORN" ISRAEL HERITAGE

THE JEFFERSON AWARD, CITIZENS FOR A SOUND ECONOMY

POSTER, "NATIONAL COMMUNITY DEVELOPMENT BLOCK GRANT WEEK: NORTH CAROLINA DEPARTMENT OF COMMERCE

4 COFFEE MUGS, ADP, INDEPENDENT TELEPHONE DIRECTORY PUBLISHERS

3 BOTTLES GERMAN WINE, GERMAN MILITARY REPRESENTATIVE USA/CA

6 OZ. BOTTLE HORSERADISH, CONGRESSMAN GARY ACKERMAN

FLAG TOTE BAG: GARLAND AND BETTY SHEPHEARD, TARBORO, NORTH CAROLINA:
-WHITE PLASTIC CUP
-LETTER OPENER - EDGECOMBE COMMUNITY COLLEGE
-BALL POINT PEN - EDGECOMBE COMMUNITY COLLEGE
-RED CAN HOLDER - EDGECOMBE COMMUNITY COLLEGE
-RED CARDINAL LAPEL PIN
-RED CARDINAL KEY RING
-RED CARDINAL SCRAPER
-1993 POCKET CALENDAR, CAROLINA TELEPHONE
-PERSONAL PHONE BOOK, CAROLINA TELEPHONE

"THE OTHER SIDE OF CONGRESS: A COLLECTION OF STORIES," ELIZABETH JONES $10.95

VOLUMES 38 AND 39, ASCAP COPYRIGHT LAW SYMPOSIUM, AMERICAN SOCIETY OF COMPOSURERS, AUTHORS AND PUBLISHERS

1993 POCKET CALENDAR, SENIOR CONSULTANTS' NETWORK COMPANY, CHARLOTTE

VIDED: FOOD LION TODAY, FEBRUARY, 1993

"MIDDLE EAST POLICY" VOLUME 1, 1992, NUMBER 4, MIDDLE EAST POLICY COUNCIL $4.50

AMERITECH SUPER SCHOOL:
-RED PLASTIC LUNCH BOX
-RED APPLE PENCIL
-SMALL THERMOS

"THE 7 HABITS OF HIGHLY EFFECTIVE PEOPLE" PUBLIC BROADCASTING SERVICE $22.00

VIDEO: "IT'S JUST GOOD TO BE HOME" COMPHRENSIVE HOME HEALTH CARE

"NATIONAL REVIEW" ONE YEAR'S SUBSCRIPTION, NATIONAL REVIEW INSTITUTE

"UNITED WE STAND" COMPLIMENTS OF h. BAILEY MUNDY, P.E., CHARLOTTE

APSAALOOK A, THE CROW NATION THEN AND NOW

1993 TACT BOOK, U.S. OLYMPIC COMMITTEE

1993 WALL CALENDAR, UNION PACIFIC RAILROAD

HE EARTH CANDLE, VIRGINIA MUDD AND CLIFFORD BURKE, DESERT ROSE PRESS

VIDEO: "HEALTH IN AMERICA: SEARCH FOR A CURE" GLAXO

VIDEO: "IN GOD WE TRUST" AND COPY "UPREACH" MAGAZINE, JEANUEARY/MARCH 1993, HEARLD OF TRUTH

"THE DAY THEY LEFT THE BAY" AUTOGRAPHED COPY, CUTHOR: MICK BLACKISTONE, NATIONAL MARINE MANUFACTURERS ASSOCIATION

14 PINK VALENTINE SUGAR COOKIES, COMPLIMENTS OF CONGRESSMAN TIM VALENTINE

RED VALENTINE TOTE BAG, COSMETIC TOILETRIES FRAGRANCE ASSOCIATION:
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-ELIZABETH ARDEN RED DOOR SPRYA
-COSMYL - BATH/SHOWER GEL
-DRAKKAR NOIR- NATIURAL SPRAY, GUY LAROCHE
-HERBAL SENSORITY BODY CREME
-CREST TOOTHBRUSH
-ORIGINS ON-THE-SPORT-RELIEF
-PHOTO NATURAL SPRAY, LAGERFELD
-NU-SKIN MOISTURIZER
-DUNE-TOILETTE, CHRISTIAN DIOR
-ORIGINS - SUNSCREEN
-REVELON SLIMLINER, SLATE GREY
-ALMAY - GEL CLEANSER
-NUTROGENA SHAMPOO
-EYE SHADOW, SHISEIDO
-RIGHT GUARD DEODORANT
-HALSTON TALC
-WINGS PERFUME, GIORGIO
-MAYBELLINE LIPSTICK
-MARY KAY NAIL POLISH
-MARY KAY LIPSTICK
-AQUAFRESH TOOTHPASTE

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THE ALMANAC OF SEAPOWER, 1993, NAVY LEAGUE OF THE U.S.

CD: DINNER - CHIP DAVIS' DAY PARTS, MUTUAL OF OMAHA

VIDEO: "PREJUDICE: ANSWERING CHILDREN'S QUESTIONS" NYNEX

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-8 OZ CONTADINA THIN SPAGHETTI
-LIBBY'S DINER BEEF STEW
-10 OZ CONTADINA BOW TIE PASTA
-CONTADINA PASTA READY
-LIBBY'S DINNER CHILI WITH BEANS
-9 OZ SWEET TARTS HEARTS
-5 HEART-SHAPED CRUNCH SUCKERS

CHOOSE CATHOLIC SCHOOLS LAPEL BUTTON, NATIONAL MARKETING CAMPAIGN FOR CATHOLIC SCHOOLS

SMALL WALLET AND PERSONAL OFFICIAL SERVICES CARD, NORTHWEST AIRLINES

"MORE" FREE CONGRESS FOUNDATION $12.95

1993 WESTINGHOUSE SPECIAL ELECTRONIC SYSTEMS REPORT

"THE POWER OF BEING DEBT FREE" THE METRO CHURCH $14.95

"THE WHOLE INTERNET" USERS GUIDE AND CATALOG, O'REILLY AND ASSOCIATES, INC.

PHILIP MORRIS PRODUCTS:
-2- 8 OZ PACKAGES GEVALIA KAFFE, DECAFFEINATED AND REGULAR
-MASTERING DC BOOKLET $8.95
-ENGLE GOLF GUIDE $9.95
-PHILIP MORRIS SHOPPERS GUIDE
-NAVY BLUE COUPON HOLDER
-ENTENNEMAN'S COFFEE CAKE
-WHITE CERAMIC GEVALIA KAFFE CANISTER
-MERLITTA - GEVALIA COFFEE POT

SURVIVAL KIT FOR MEMBERS OF 103RD CONGRESS:
-HR SOCIETY FOR HUMAN RESOURCE MANAGEMENT
-SMALL PACKAGE OF CHOCOLATE MACADEMIA NUT COFFEE
-BRIEFING PAPERS
-"FAMILY SUPPORT" SPECIAL SECTION "HR" MAGAZINE, JANUARY 1993
-2 UN-ASPIRIN TABLETS

18 OZ. DAIRYMEN "1993 COW LENDER" EHRLER'S ASSORTED CHOCOLATES

BROKEN WATCH "ACT UP"

WHAT IS SCIENTOLOGY?" CHURCH OF SCIENTOGOLY INTERNATIONAL

SQUARE CRYSTAL BOX "INAUGURAL DAY 1-5-93" WITH WERTHERS HARD CANDIES, BELL SOUTH

"GLOBAL TYRANNY....STEP BY STEP, THE NEW AMERICAN

APPLE PIE, NATIONAL ASSOCIATION LIFE UNDERWRITERS

READER'S DIGEST, JANUARY, KENNETH TOMLINSON, EDITOR-IN-CHIEF $2.15

"BANKRUPTCY 1995" COMPLIMENTS J. ROSS SHUPING, MD.

1993 CALENDAR, SHOOT-OUT PGA TOUR, MERRILL LYNCH

VIDEO: PERSPECTIVES ON THE NATIONAL INFORMATION/INFRASTRUCTURE, COMPUTER SYSTEMS POLICY PROJECT

3-1993 CALENDARS, APPLE COMPUTER

JAR CANDY FOR INAUGURAL, NATIONAL CONFECTIONERS ASSOCIATION AND CHOCOLATE MANUFACTURERS ASSOCIATION

PLANT IN CERAMIC PLANTER WITH NYNEX LOGO

READER'S DIGEST, COMPLIMENTARY SUBSCRIPTION

1993 CALENDAR, "FORESTS: OUR RENEWABLE RESOURCE" NW FORESTRY ASSOCIATION

"SEQUAL TO PERFECT LOVE" SPIRITUAL BASIS OF FREEDOM

2 POUNDS TOFFEE, BILL BELK

1993 AMERICAN RED CROSS CALENDAR AND 1993 SPANISH CALENDAR

CRYSTAL BELL, CONGRESSMAN TOM LANTOS AND AJKA CRYSTAL COMPANY IN HUNGARY

"OLD TURTLE" CONGRESSMAN JAMES OBERSTAR AND PFEIFER-HAMILTON PUBLISHERS $17.95

1993 CALENDAR AMTRACK POSTER

"WHAT, IF ANY SHOULD GOVERNMENT'S ROLE BE REGARDING HEALTH CARE IN THE U.S.? 1992 HARRY SINGER FOUNDATION ESSAY CONTEST

VIDEO: "AMERICA'S GODLY HERITAGE," MS. JOYCE ANDERSON

1993 FIRST AMENDEMENT CALENDAR, FREEDOM FORUM

VIDEO: FOOD LION TODAY, DECEMBER 1992

VIDEO: FOOD LION TODAY, SPECIAL EDITION

2- 2 LITER CRYSTAL PEPSI: WELCOMING 103RD CONGRESS AND CRYSTAL PEPSI TO DC BOTTLES, MAJIC JOHNSON AND EARL GRAVES AND PEPSI COLA COMPANY

8 TAPES OF CIVIL WAR MARCHING BAND MUSIC, THE REGIMENT BAND OF THE 11TH NORTH CAROLINA TROOPS, ROBERT DOWNING, CHIEF MUSICIAN $60.00

"THE CHALLENGE TO GOVERNMENT: MANAGEMENT OF A CHAPITALIST ECONOMY" COMPLIMENTS OF HERBERT W. ROBINSON, MEMBER SENATORIAL TRUST

FOUR BOXES OF BREAD FROM CPC INTERNATIONAL:
-ARNOLD BAKERY LIGHT BREAD $1.39
-THOMAS' TASIN ENGLISH MUFFINS $1.99
-ARNOLD FRANCISCO INTERNATIONAL SOUR DOUGH ROLLS $1.59
-ARNOLD REAL JEWISH CARAWAY SEED RYE BREAD $1.49

CASE FRUIT, TIN OF PECANS, RALPH VINOVICH, TOBACCO INSTITUTE

COUNTRY HAM, SAM CHILCOTT AND RALPH VINOVICH, TOBACCO INSTITUTE

WINE, SAM CHILCOTT, TOBACCO INSTITUTE

BASF "MAP" OF CHOCOLATE, BASF CORPORATION

CHRISTMAS ORNAMENT, FOX BROADCASTING COMPANY

TIE, NORTH CAROLINA ASSOCIATION OF ELECTRIC COOPERATIVES, INC.

POUND SEES FAMOUS OLD TIME CANDY, PACIFIC TELESIS

FLASHLIGHT, TIMMONS AND COMPANY

"CARTOON NETWORK" NECKTIE, TURNER BROADCASTING SYSTEM, INC.

1 POUND CANDY IN CURRIER & IVES HOLIDAY CONTAINER, THE NATIONAL CONFECTIONERS ASSOCIATION

2 CDS, RECORDING INDUSTRY ASSOCIATION OF AMERICA

BOX OF ASSORTED CHEESES, CONGRESSMAN BOB MICHEL

SEASON'S GREETINGS FROM JOHNSON & JOHNSON, BOX OF PRODUCTS:
-Q-TIPS
-BABY LOTION
-BAND-AIDS
-TYLENOL
-DENTAL FLOSS
-BABY SHAMPOO
-2 TOOTH BRUSHES
-DEODORANT
-BABY POWDER
-COFFEE MUG

BOX CHOCOLATE CANDY, GENERAL INSTRUMENT CORPORATION

BOX GRAPEFRUIT AND ORANGES, GALLERY-JUDGE GROVE DONATES 20% OF PURCHASE PRICE TO THE CHILDREN'S INN AT NIH, THE MERCK WASHINGTON OFFICE

1994 "GIVING IS CARING" CALENDAR, PUBLIC AFFAIRS AND RELIGIOUS LIBERTY CAROLINA CONFERENCE OF SEVENTH-DAY ADVENTISTS

HOLIDAY GIFT TO HOUSE OF RUTH IN HONOR OF OFFICE, DUPONT-MEREK

GOVERNOR AND MRS. PEDRO ROSSELLO:
-CD
-COFFEE MUG
-BAG COFFEE
-BOX CANDY
-CERMAIC ORNAMENT

CONTRIBUTION TO MARTHA'S TABLE, BRIGHT BEGINNINGS, INC. AND SO OTHERS MIGHT EAT BY CBS

SET OF 500 CONGRESSIONAL TRADING CARDS, NATIONAL EDUCATION ASSOCIATION

BOTTLE CHARDONNAY, MICHAEL S. JOHNSON, ARTER & HADDEN

GE CLOCK RADIO, GENERAL ELECTRIC

VIDEO: "EISENHOWER" AMERICA'S PUBLIC TELEVISION STATIONS

BOX ENSTROM ALMOND TOFFEE, GLAXO, INC.

ROLLS OF HOLIDAY WRAPPING PAPER, CHAMPION INTERNATIONAL CORPORATION

DUFFLE BAG OF POPCORN, NAWGA/IFDA

DENIM PROTFOLIO WITH APPLIQUED PINECONE, AMERICAN TEXTILE MANUFACTURERS INSTITUTE

CHEMICAL SPECIALITIES MANUFACTURERS ASSOCIATION, INC. PRODUCTS:
-3 M CHEMICALS
-AMWAY CORPORATION
-CHEMSICO, INC.
-CLOSOR COMPANY
-DOWBRANDS, INC.
-ECOLAB, INC.
-GILLETTE COMPANY
-GUARDSMAN PRODUCTS, INC.
-HARTZ MOUNTAIN CORPORATION
-S.C. JOHNSON & SON, INC.
-KIWI BRANDS, INC.
-L&F PRODUCTS
-MALCO PRODUCTS, INC.
-PROCTER & GAMBLE COMPANY
-RECKITT & COLMAN, INC.
-SCOTT'S LIQUID GOLD
-THE SOLARIS GROUP
-TURTLE WAX, INC.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
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1994 MAY 13 AM 10: 33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only) 9

Hon. Michael Robert McNulty
(Full Name)

86 West Street
(Mailing Address)

Green Island, New York 12183

Daytime Telephone (202) 225-5076

Filer Status	[X] Member of the U.S. House of Representatives — State New York District 21st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael R. McNulty

DATE (Month/Day/Year): 5-12-94

2479

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Green Island Insurance (renewal commissions)	renewal commissions	$2,497.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	National Association of Independent Insurers	Speech	March 30, 1993	$500.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock			X							X								X								P
	Examples: 123 Main St., Dover, Del.						X					X										X					
	Examples: 1st Bank of Peoria, IL accounts				X								X							X							
	Green Island Insurance			X																							

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hon. Michael R. McNulty

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E

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Name Hon. Michael R. McNulty

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	NONE											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Wright Patman Congressional Federal Credit Union	Personal Line of Credit	X						
	Wright Patman Congressional Federal Credit Union	VISA	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Association of American Railroads	Feb. 12-14	Colo. Springs-Salt Lake-Palm Springs - Dallas Ft. Worth - Washington, DC	Y	Y	N	-

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Capital Region Technology Development Council (not compensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 19 PM 12:36

(11)

MC MAY 1994

Ronald K. Machtley

62 Sigourney Road Portsmouth, RI 02781 (202) 225-4911

Filer Status	X	RI	First
Report Type	X		

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ronald K. Machtley DATE: 5/13/94

2488

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Newport County Special Education	Spouse Salary Nurse/Teacher	N/A
	Salve Regina College	Nurse/Teacher Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA [illegible]

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13, 14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
None				

Name Machtley

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	EXCEPTED BLIND TRUST	None	I	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X															
JT	1st Bank of Peoria, IL accounts					X							X														
JT	313, 315, 317 Wolcott Avenue Middletown, RI 02842						X					X										X					S
JT	119 Wampanoag Drive Portsmouth, RI 02871						X					X										X					
DC	Navy Federal Credit Union			X									X					X									
JT	Smith Barney Shearson Money Market					X					X		X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Machtley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
DC	Advest Money Market-Stk List Attached				X						X		X														
DC	Advest Money Market-Stk List Attached				X						X		X														
JT	Savings Acct. Bank of Newport			X									X						X								
S	Agreemant Sale of Law Practice					X															X						
JT	Savings Acct. Navy Fed'l Credit Union		X																								
JT	U.S. Savings Bobds				X								X														
DC	Savings Acct. Bank of Newport		X																								
S	Checking WrightPatterson Fed'l Union			X																							
DC	General Mills C Stock Note: previously listed incorrectly as General Motors			X																							
DC	St. Jude Medical Inc. -C Stock			X																							
DC	Schering Plough - C Stock			X																							
DC	Sys Software - C Stock			X																							
DC	Gov't Securities GNMA Bond		X																								
DC	Valen Corp			X																							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Machtley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
DC	Wellman Inc. - C Stock			X																							
DC	Banc One Corp - C Stock			X																							
DC	Blockbuster Ent. C Stock			X																							
DC	Federal Signal C Stock			X																							
DC	Raymond James Fin. C Stock			X																							
DC	Service Master Ltd. C Stock			X																							

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	313, 315, 317 Wolcott Avenue Middletown, RI		X		9-24-93				X			
DC	NCH Corp - C Stock		X		4-12-93	X						
DC	St. Jude Medical Inc - C Stock	X			4-12-93	X						
DC	Sys Software Assoc Inc. - C Stock	X			4-12-93	X						
DC	Sys Software Assoc Inc. C Stock		X		7-29-93	X						
DC	Transco Energy Co. C Stock	X			7-29-93	X						
DC	Valen Corp - C Stock	X			12-7-93	X						
DC	Walgreen Co. - C Stock		X		4-12-93	X						
DC	Federal Signal Corp. - C Stock		X		1-14-93	X						
DC	Liz Claiborne Inc. - C Stock		X		7-29-93	X						
DC	Schult Howes Corp. - C Stock	X			1-14-93	X						
DC	Schult Howes Corp. - C Stock		X		12-7-93	X						
DC	Service master Ltd. Partnership C Stock	X			12-7-93	X						
DC	Wellman Inc. C Stock	X			7-29-93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Bank of Newport ½ ownership = valuation	motgage on 119 Wamponaog Drive ~~Portsmouth, RI 02871~~			X				
JT	Bank of Newport	mtg 313, 315, 317 Wolcott Avwnuw ~~Middletown, RI 02842~~			X				
		Paid off 9-24-93							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Urban Institute Round Table on Children's Conference	Feb 11-14	Prov - Boca Raton - Prov	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	See Attached

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-1-89	RKM - Sayer & Regan Attorney's at Law	Sale of Law Practice

Use additional sheets if more space is required.

SCHEDULE VIII - POSITIONS

Position	Name of Organization
Advisory Board Member	National Republican Coalition for Choice
Advisory Board Member	Republicans for Choice
Honorary Advisory Board Member	Women's Center of Rhode Island
Honorary Advisory Board Member	Conanicut Island Chamber Music Festival
Advisory Board Member	Rhode Island Scenic America
Member	Public Policy Committee Population Inst.
National Advisory Board Member	SEAPORT '76 Foundation
Advisory Board Member	Dorcas Place

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12:08

HAND DELIVERED

(Office Use Only)

CAROLYN B. MALONEY
49 EAST 92ND STREET
NEW YORK NEW YORK 10128 212 289 9450

Filer Status	☑ Member of the U.S. House of Representatives — State N.Y. District 14	☐ Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS— Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Carolyn B. Maloney

DATE (Month/Day/Year) 5/12/1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	LIBERTY BUSINESS FORMS + SYSTEMS INC, PLAINVIEW NY	SPOUSE	NA
	CHROMIUM INDUSTRIES INC., CHICAGO, ILLINOIS	SPOUSE	NA
	C.H.W MALONEY + CO INCORPORATED, N.Y., N.Y.	SPOUSE	NA
	THE WALL STREET FUND, N.Y., NY	SPOUSE	NA

For payments to charity in lieu of honoraria, use Schedule II.

2500

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
NONE			

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Name CAROLYN R MALONEY | Page 7 of 11

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse or by your or your spouse's child, parent or sibling, any deposits totalling $5,000 or less in personal savings account, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14-20.

BLOCK B — Value of Asset (at close of reporting year. If you use a valuation method other than fair market value please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None.")

BLOCK C — Type of Income (If other than one of the listed categories specify the type of income by writing a brief description in this block.)

BLOCK D — Amount of Income (For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.)

BLOCK E — Transaction (Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.)

	Asset and/or Income Source	Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; Over $1,000,000)	Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST)	Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; Over $1,000,000)	Transaction (P, S, E, P)
SP	SP Mega Corp Stock		X		
DC	Examples 123 Main St Dover Del	X	X	X	
JT	1st Bank Peoria IL accounts	X	X	X	
	STOCK - CHRYSLER JEEP [illegible] INC. CHRYSLER [illegible]	X		X	
	C.D - VA. BEACH [illegible] S&L VA BEACH VA	X	X	X	
	STOCK - LIBERTY [illegible] FORM + SYSTEM, INC PLAINVIEW, NY	X		X	
	RENTAL PROPERTY + RESIDENCE 49 EAST 92ND NY NY	X	X	X	X
	RENTAL PROPERTY - SINGLE FAMILY RES. 279 WEST ROAD NEW CANAAN CONN	X	X		X
	ALBRIGHT + MALONEY PARTNERSHIP 10 HIGH ST, BOSTON MASS - RENTAL REAL ESTATE - JAMAICA	X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CAROLYN B MALONEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	HPB ENTERPRISES - PARTNERSHIP - dba ELIZABETH CITY, NC ALBEMARLE PLANTATION REAL ESTATE DEVL						X															X					
	STOCK - ALDO FARMS OF N.C. INC 209 6th ST VA BEACH VA				X												X										
	STOCK - THE WALL ST FUND, NY NY			X							X								X								
	STOCK - ROLL FINISHERS, MT VERNON, IND			X							X								X								SUB-S
	JTP INC TRACT OF LAND JONES TOWN RD., CHESAPEAKE, VA				X												X										
	SHARES - DREYFUS WORLDWIDE DOLLAR MONEY MKT FUND		X								X							X									
	CITIBANK - N.A.		X								X							X									
	SHARES RAB / BEDFORD M MKT FUND				X						X								X								
	SHARES - DREYFUS LIQUID ASSETS		X								X							X									
	PFD STOCK TENNECO.			X							X								X								SEE IV
	9.6 ACRES - PARTIAL INTEREST - RAW LAND RT 64 SOUTHAMPTON CO., VA.				X												X										
	SHARES - BEECHCRAFT PARK INC VA. BEACH, VA T/A HOLIDAY TRAVEL PARK									X							X										
	SHARES - FIDELITY CASH RESERVES				X						X									X							
	SHARES - FIDELITY U.S. GOVT RESERVES				X						X								X								
	SHARES - CAPITAL PRESERVATION FUND MOUNTAIN VIEW CALIF				X						X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CAROLYN B MALONEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	LOAN FROM CAROLYN B MALONEY TO "MALONEY FOR CONGRESS"			X													X										LOAN REPAID 6/13/93

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SCHEDULE IV — TRANSACTIONS

Name CAROLYN B. MALONEY | Page 7 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example:	Mega Corporation Common Stock	X			10-12-93		X					
	TENNECO PFD STOCK			X		3-18-93	X						
	MISC MONEY MARKET TRANSACTIONS		X	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	CHEMICAL BANK NY NY	MORTGAGE ON 49 SQ NY NY			X				
	CITIBANK N.A.	" " " " "				X			
	NEW CANAAN BANK + TRUST CO. NEW CANAAN CONN	" " 271 WEST ROAD NEW CANAAN, CONN			X				
	" " " " " "	" " " "				X			
	CHROMALOY INDUSTRIES, INC.	LOAN		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over/ $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	VIRGINIA BEACH FEDERAL SAVINGS + LOAN	LOAN SECURED BY C/D. AT VA.B. FED S+L — REPAID 6/16/93	X						
	CHEMICAL BANK NY, NY GUARANTOR OF LOAN TO "MALONEY FOR CONGRESS"	"MALONEY FOR CONGRESS" LOAN WAS REPAID ON 10/7/93	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: House Rule 43, clause 4 prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

2507

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
JEWISH COMMUNITY RELATIONS COUNCIL OF N.Y.	AUG 17-22	NEW YORK - TEL AVIV	Y	Y	N	N
AMERICAN HELLENIC INSTITUTE	AUG 22-29	TEL AVIV - ATHENS - N.Y.	Y	Y	Y *	N
		* SPOUSE REC'D ONE WAY AIR FARE FROM ATHENS TO NYC ONLY. NYC - ATHENS PAID BY SPOUSE.				
PSEKA (INT'L COORDINATING COMMITTEE — JUSTICE FOR CYPRUS)	AUG 26	ATHENS - LANARCA - ATHENS	N	Y	N	N

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2508

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

20 10

DAVID SCOTT MANN
568 Evanswood Place
Cincinnati, OH 45220

(513) 661-2524

MAY 14 (Office Use Only)

(8)

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: First	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) May 15, 1994

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Name	DAVID SCOTT MANN	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	City of Cincinnati	Council salary Jan. 1 and 2, 1993	219
	Taliaferro & Mann, Cincinnati	Deferred law fees	7,310
	Taliaferro & Mehling, Covington, KY	Deferred law fees	5,952
	Douglas Morehart, Cincinnati	Deferred law fee	394

For payments to charity in lieu of honoraria, use Schedule II.

Name DAVID SCOTT MANN | Page 1 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

List (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide a description. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
SP	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
	Merrill Lynch IRA			X							N/A						N/A										
SP	Merrill Lynch IRA				X						N/A						N/A										
	Huntington Bank IRA					X					N/A						N/A										
	Taliaferro & Mann Profit Sharing Plan				X						N/A						N/A										
SP	AT&T			X							X								X								
SP	Ameritech			X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID SCOTT MANN

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	U.S. West			X							X							X									
SP	Bell Atlantic			X							X							X									
SP	Pac. Telesis			X							X							X									
SP	Bell South			X							X								X								
SP	NY Nex			X							X							X									
SP	S.W. Bell			X							X							X									
SP	Reinvestment Plan S.W. Pub. Service Stock				X						X									X							
SP	Amer. Cap. Ent.				X						X			X						X							
SP	Citicorp				X						X									X							
SP	RJR Nabisco Debenture			X									X				X										
SP	124 Graves Avenue Erlanger, KY (1/2)					X						X									X						
SP	3614 Dixie Highway Erlanger, KY (1/2)					X						X										X					
	TMMS 4th Street Partnership 133 W. 4th St., Cincinnati (1/12)						X					X	X						X								
	TMMS Rentals 1005 Madison, Covington, KY (1/4)						X					X						X									
	Ohio Pers. Retirement Sys.				X						N/A						N/A										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID SCOTT MANN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	United Central Bancshares, Inc. Stock Bowling Green, KY					X					N/A						N/A										
SP	RJR Nabisco Debenture			X										X						X							
	Taliaferro & Mann			X							N/A						N/A										
	NOTES TO EXPLAIN CHANGES:																										
SP	Gateway Federal Savings	Account closed and no longer reportable																									
SP	Gradison Money Market	Year end value of interest bearing savings accounts below reporting threshhold																									
DC	Gradison Money Market	Account closed/child no longer dependent																									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 over
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Peoples Bank of Northern Kentucky	Mortgage on 1005 Madison, Covington, KY (1/4 as guarantor)			X				
	ALI, Inc., New York, New York	Mortgage on 133 W. 4th Street, Cincinnati, OH (1/12 as guarantor)				X			

SCHEDULE VI — GIFTS N/A

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Conference for New Members of Congress sponsored by American Enterprise Institute, The Brookings Institution and the Congressional Research Service	Jan. 7-10	Wash, DC-Williamsburg, VA-Wash, DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Taliaferro & Mann, inactive law partnership in process of dissolution
Partner	TMMS Rentals
Partner	TMMS 4th Street Partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12/31/92	Philip Taliaferro, David Mann, Christopher J. Mehling and Patricia Mann Smitson	Agreement of Dissolution of Taliaferro & Mann law partnership. The Agreement specifies the terms of dissolution of Taliaferro & Mann (T&M) including the payments to be made after 1992 for each partner's allocable share of reimbursements to T&M of expenses for contingency fee cases; each partner's share of the fee, if any, on certain contingency fee cases; each partner's share of the personal property of T&M; and each partner's share of income received by T&M after 1992 for work done before 1993.

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

94 MAY 10 AM 1

INSIDE MAIL

MC

(Office Use Only)

8

Thomas J. Manton
(Full Name)

203 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-3965

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL **DATE** (Month/Day/Year)

2518

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Greater New York Nurses Registry, Inc. (Private Duty Nursing)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Tobacco Institute	Speech	March 2, 1993	$2000
American International Group Inc.	Speech	April 23, 1993	$2000
National Restaurant Association	Speech	August 5, 1993	$1000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide the address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
Examples: DC	123 Main St., Dover, Del.							X				X										X					
Examples: JT	1st Bank of Peoria, IL accounts					X							X							X							
SP	D. Manton						X				X		X								X						
	NYC Employee Retirement System						X					Pension										X					
	Citibank		X										X					X									
	Congressional Federal Credit Union (Residence)		X										X					X									
JT	19-14 21 Rd, Astoria, NY (Stock in Coop Apt)							X									X										
JT	Berkeley Coop Towers Sec 3						X										X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas J. Manton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	I.R.A. - Home Savings Bank			X								--	NA	--					--	NA	--						
	I.R.A. - Home Savings Bank			X								--	NA	--					--	NA	--						
	Stock - Thomas J. Manton, P.C.				X												X										

This page may be copied if more space is required.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Dime Savings Bank	Mortgage on 19-14 21st Road				X			
	Thomas J. Manton, P.C.	Personal Loan	X						
	Wright-Patman Federal Credit Union	Personal Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Ironworkers Union	Feb 11-16	NYC - Miami - Wash, D.C	Y	Y	N	2 Days

This page may be copied if more space is required.

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Sole Stockholder, Director and Officer	Thomas J. Manton, P.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

THOMAS J. MANTON
7TH DISTRICT, NEW YORK

COMMITTEE ON ENERGY AND COMMERCE

COMMITTEE ON
MERCHANT MARINE AND FISHERIES

CHAIRMAN
SUBCOMMITTEE ON FISHERIES
MANAGEMENT

COMMITTEE ON HOUSE ADMINISTRATION

CHAIRMAN
SUBCOMMITTEE ON PERSONNEL AND
POLICE

DEMOCRATIC STEERING AND POLICY

Congress of the United States
House of Representatives
Washington, DC 20515-3207

WASHINGTON OFFICE
203 CANNON HOUSE OFFICE BLDG
WASHINGTON, DC 20515-3209
(202) 225-3965

DISTRICT OFFICES
46-12 QUEENS BOULEVARD
SUNNYSIDE, NY 11104
(718) 706-1400
2114 WILLIAMSBRIDGE ROAD
BRONX, NY 10461
(718) 931-1400

+18

(2)

mc

INSIDE

RECEIVED
1994 MAY 16 PM 7:20

May 10, 1994

The Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washingon, DC 20515

Re: Financial Disclosure Statement for Calendar Year 1993
Thomas J. Manton, M.C., State of New York, 7th District

Sir:

An original and two copies of the above caption Statement has been previously forewarded under separate cover.

A perusal of our office copy indicates a mistake on Schedule III- ASSETS AND "UNEARNED" INCOME as follows:

D. Manton should read D. Manton Trust

I am enclosing a revised Schedule III and two copies.

Very truly yours,

Thomas J. Manton
Member of Congress

TJM:f
enclosures

PLEASE RESPOND TO THE ADDRESS INDICATED ABOVE

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Thomas J. Manton

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St, Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
SP	D. Manton Trust						X				X		X								X						
																					X						
	NYC Employee Retirement System						X					Pension										X					
	Citibank		X										X					X									
	Congressional Federal Credit Union (Residence)		X										X					X									
JT	19-14 21 Rd, Astoria, NY (Stock in Coop Apt)							X									X										
JT	Berkeley Coop Towers Sec 3						X										X										

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:39

Thomas J. Manton
(Full Name)

203 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-3965

HAND DELIVERED
(Office that filed)

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 07	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [X]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Thomas J. Manton

DATE (Month/Day/Year): MAY 6, 1994

2528

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

94 MAY -9

MAY 4 1994

(8)

(Office Use Only)

DONALD A. MANZULLO
(Filer Name)

P.O. Box 70
(Mailing Address)

Oregon, Illinois 61061

202-225-5676
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State IL District 16	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Donald A. Manzullo

DATE (Month, Day, Year): 5/4/94

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Name	DONALD A. MANZULLO	Page 7 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Cattle Operation, Egan, Illinois		7877.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D C	Speech	Feb 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
National Restaurant Assoc. - gift to Martin Luther King Center	participation	6 11-93	1000.00

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Name DONALD A. MANZULLO

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction
Examples: SP	Mega Corp. Stock				X						X								X								P
Examples:	123 Main St., Dover, Del.							X				X										X					
Examples:	1st Bank of Peoria, IL accounts					X							X							X							
	Rent, commercial bldg, 400 Washington Oregon, Illinois						X					X											X				
	D.A. Manzullo, Tr of D.A. Manzullo Pension Trust						X				X		X	X								X					
	D.A. Manzullo, Tr of D.A. Manzullo Profit Sharing Trust					X					X		X	X							X						
SP	IRA, Blunt, Ellis & Loewi		X								X		X						X								
	IRA, Blunt, Ellis & Loewi		X								X		X						X								
	Sole Shareholder, Law Ofc of D.A. Manzullo, P.C.				X								none								X						

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name DONALD A. MANZULLO

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	NONE											

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Gene D. Lebwick	loan on commercial bldg located at 400 Washington, Oregon, IL			X				
	Rock River Bank	open note			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

Name	DONALD A. MANZULLO	Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12/92	Agreement with various attorneys to collect residual legal fees on cases still pending with Donald A. Manzullo, P.C. as per permission granted from House Committee on Official Conduct by letter dated 1/5/93.	

GPO 1994 75 884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

20 3:41

MAY

(7)

MARJORIE MARGOLIES-MEZVINSKY
(Full Name)

815 WOODBINE AVENUE
(Mailing Address)

(Daytime Telephone)

NARBERTH PA 19072 610-667 5666

MK (Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 13	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Marjorie Margolies-Mezvinsky

DATE (Month/Day/Year): 5/13/94

2537

Name	Page 2 of 1
Marjorie Margolies-Mezvinsky	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Paul Mahon, Esq	Fee	66,137
	Edward Mezvinsky, Esq	Spouse - Legal Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page
Margolies Mezvinsky	3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
WASHINGTONIAN MAGAZINE, WASH D.C	ARTICLE	4/14/93	$1000
NON-PRESCRIPTION DRUG Manufacturers Ass'n (Wash DC)	Speech	7/13/93	500
The Capitol Forum, Des Plains, IL	Speech	7/27/93	500
Foulkeways of Gwynedd, Gwynedd, PA	Speech	10/20/93	100
The Brookings Institution, Wash DC	Speech	10/26/93	400
HBO Downtown Productions, NY, NY	Appearance	12/3/93	500
Skidmore College, Saratoga Springs, NY	Speech	12/20/93	100

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Name: Marjorie Margolies Mezvinsky | Page 1 of 1

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	GE CORP STOCK		X								X							X									
	MIDLANTIC BANK STOCK		X								X							X									
S	GROWTH HOLDING ENT./Am Fed. Jts.[a]									X				Common Stock			X										
S	Intercontinental Trading Group,[1]									X				Common Stock			X										
	FIRST NY BANK		X								X							X									
S	A+F REALTY					X						X										X					

For additional assets and unearned income, use next page.

2540

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Marjorie Margolies-Mezvinsky

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	TAMARAC					X						X					X										
S	ACCOUNTS and NOTES RECEIVABLE								X					(NOTES REC. PAID)			X										

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	American Council Nationalities/International Social Services (No Compensation)
TRUSTEE	TRUSTEES' COUNCIL OF PENN WOMEN (University of PA) (No Compensation)
TRUSTEE	BEAVER COLLEGE (No Compensation)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1993	Paul Mahon (Agent) (Book)	Royalty Agreement

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Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Name: Marjorie Margolies-Mezvinsky

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 over
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Bryn Mawr Trust, Bryn Mawr	Personal Loan	X						
	First Valley Bank, Bethleham	Personal Loan			X				
	Equibank, Pittsburgh, PA	Personal Loan				X			
	Philadelphia National Bank, Phila PA	Personal Loan		X					
	Republic Bank, Phila. PA	Personal Loan		X					
	United Valley Bank, Phila PA	Personal Loan		X					
	MBNA, Wilmington, DE	Personal Loan	X						
S	Holmes, Phila PA	Personal Loan			X				
S	Kriger, Phila PA	Personal Loan		X					
	Jefferson Bank PA	Personal Loan				X			
	Delaware National Bank	Personal Loan		X					
S	Resnick, CA	Personal Loan			X				
S	Jacobsen, PA	Personal Loan			X				

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:51

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Edward J. Markey
(Full Name)

2133 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

202-225-2836
(Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State: MA District: 07	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)

2544

Name Edward J. Markey	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Spouse: National Institute of Mental Health	Spouse Salary	NA
	Spouse: Private Practice of Medicine	Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] assets held for investment or [illegible] with a fair market value [illegible] of the end of the reporting year, [illegible] asset or source of income which [illegible] than $200 in "unearned" income [illegible] year. For rental property or land, provide [illegible]. Provide full names of any mutual [illegible] an IRA or retirement plan that is self-[illegible] the underlying assets worth more than [illegible] an IRA or retirement plan that is not [illegible] name the institution holding the [illegible]

[illegible] your personal residence(s) (unless there is [illegible]); any debt owed to you by your [illegible], or by your or your spouse's child, parent, [illegible]; any deposits totaling $5,000 or less in [illegible] savings accounts; any financial interests in [illegible] derived from U.S. Government retirement [illegible].

[illegible] choose, you may indicate that an asset or [illegible] source is that of your spouse (SP) or [illegible] child (DC) or is jointly held (JT), in the [illegible] column on the far left.

[illegible] information, see instructions, pages 14–20.

	Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
		A: None; B: $1 – $1,000; C: $1,001 – $15,000; D: $15,001 – $50,000; E: $50,001 – $100,000; F: $100,001 – $250,000; G: $250,001 – $500,000; H: $500,001 – $1,000,000; I: Over $1,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	None; I: $1 – $200; II: $201 – $1,000; III: $1,001 – $2,500; IV: $2,501 – $5,000; V: $5,001 – $15,000; VI: $15,001 – $50,000; VII: $50,001 – $100,000; VIII: $100,001 – $1,000,000; IX: Over $1,000,000	P, S, E
	[illegible] Corp. Stock	C: X	DIVIDENDS: X	II: X	P
	[illegible] Main St., Dover, Del.	F: X	RENT: X		
	1st Bank of Peoria, IL accounts	D: X	INTEREST: X		
	Cong. Federal Credit Union Accts.	C: X	INTEREST: X	II: X	
	Medford Savings Bank, Medford, MA	B: X	INTEREST: X	I: X	
	Shearson Lehman Bros., IRA	B: X		None: NA	
JT	First Union Bank Checking Acct.	C: X	INTEREST: X	I: X	
SP	First Union Bank Accts.	C: X	INTEREST: X	III: X	
SP	Merrill Lynch, IRA	B: X	INTEREST: X	None: NA	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edward J. Markey

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	TIAA-CREFF Retirement Annuity						X						X					NA									
SP	C.L. Trust (Fractional Interest)			X													X										
	Chase Bank																										
	Citibank																										
SP	Merrill Lynch Money Market Tax Free Acct.			X									X							X							
SP	Port Authority NY-NJ Municipal Bonds					X							X								X						
SP	Denver, CO City-County FAC Arpt.				X								X								X						P
											X										X						
SP	Eaton Vance Nat. Municipal Bond Fund						x							X					X								P
											X										X						
SP	Alliance Municipal Bond Fund						X							X							X						P
SP	American Capital Municipal Bond Funds						X				X											X					P

This page may be copied if more space is required.

Name Edward J. Markey | Page 5 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example. Mega Corporation Common Stock	X			10–12–93		X					
SP	Denver, CO City County FAC Arpt.	X			01-08-93		X					
SP	Eaton Vance National Municipal Bond Fund	X			04-16-93				X			
SP	Alliance Municipal Bond Fund	X			05-17-93				X			
SP	American Capital Municipal Bond Fund	X			02-18-93				X			

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Name Edward J. Markey | Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Urban Institute Children's Rndtb	Feb. 11-15	Wash., DC - Ft. Lauderdale West Palm - Wash., DC	Y	Y	N	1 Day
	Esther Dyson Holdings, Inc.	Feb. 20-22	Wash., DC--Phoenix--Wash,DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

9

(4)

HAND DELIVERED

MC

MATTHEW GILBERT MARTINEZ

2231 Rayburn HOB (202) 225-5464

Washington, D.C. 20515

Filer Status	XX	California 31st CD	
Report Type	XX		

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		XX
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		XX
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	XX	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		XX
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	XX	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		XX
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		XX
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		XX

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	XX	
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		XX

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Matthew G. Martinez

DATE: May 9, 1994

2550

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Matthew Gilbert Martinez

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
S	Apartment Units: 439 S. New Ave. Monterey Park, CA 91754							X				X											X				
S	Apartment Units: 3514 Beverly Blvd.; Montebello, CA 90640							X				X											X				
JT	Condo: 300 M. St. S.W. Washington, D.C. 200024					X						X										X					
JT	Condo: 1080 Wisconsin Ave. N.W. Washington, D.C. 20007						X					X											X				

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Trust Savings Bank Monterey Park, CA 91754	Mort: 3514 Beverly Blvd and 439 S. New Avenue apt. units.							
	Mellon Mortgage Company	Mort.: 1080 Wisc. Avenue, N.W.							
	Marghretten Mortgage Company	Mort.: 300 M. St. S.W.							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nat.'l. Council of Juvenile Court Judges	8/23 & 24 1993	Los Angeles, CA -- Reno, NV	Y	Y	None	None

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 3:4

7

ROBERT TAKEO MATSUI
(Full Name)

U.S. House of Representatives
2311 Rayburn House Office Building
(Mailing Address)

Washington, D.C.

(202) 225-7163

Filer Status	[x] Member of the U.S. House of Representatives	State CA District 5	[ ] Officer or Employee	Employing Office	
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Robert T. Matsui

DATE (Month/Day/Year) May 13, 1994

2554

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Def Elec Supply Cntr (White House)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
McGeorge School of Law, University of the Pacific, Sacramento, California	Speech	May 15, 1993	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Wright Patman Congressional Federal Credit Union		X										X					X									
	Wright Patman Cong. FCU - held in trust for Brian R. Matsui		X										X					X									
JT	American Savings Bank - checking			X									X						X								
JT	Bank of Baltimore			X									X						X								
SP	Bank of America - checking		X										X					X									
JT	Nartrov, Inc. stock				X								X					X									

For additional assets and unearned income, use next page.

2557

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT TAKEO MATSUI

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
	Bank of America - CD				x								x						x								cashed out
DC	American Savings Bank			x									x						x								cashed out
SP	White House Federal Credit Union				x								x						x								
JT	Pacific Gas & Electric Common Stock			x							x								x								
JT	Sierra Pacific Resources Common Stock			x							x							x									
JT	MARTINEZ CALIF MULT FAM HSG RV REGD, MARIN S&L-FSLIC INSD CD T0100M BOND			x									x						x								S
JT	CALIFORNIA HLTH FACL AUTH ST JOSEPH HLTH SYM-SER B-REGD BOND				x								x								x						
JT	KERN CNTY CALIF COP BEALE MEM LIBRARY BK ENTRY O.I.D. BOND				x								x							x							
JT	UNIV CALIF REVS BERKLEY INTRA SPORTS FAC REG BOND				x								x							x							
JT	CALIFORNIA PCF PCR PAC GAS & ELEC CO-SER A-REG-REF BOND			x									x						x								
JT	CALIFORNIA ST VAR PURP BOOK ENTRY DTD BOND			x									x						x								
JT	REDDING JT PWRS FING AUTH CA WSTEWTR REV RFDG SER-A-FGIC BOND			x									x					x									
JT	PUTNAM GLOBAL GROWTH FD INC COMMON STOCK				x						x			x					x								P
JT	SMITH BARNEY SHEARSON DAILY DIVIDEND FUND			x									x					x									
DC	PUTNAM GLOBAL GROWTH FD INC COMMON STOCK			x							x			x				x									P

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE or call	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	MARTINEZ CALIF MULT FAM HSG RV REGD-MARIN S&L FSLIC INSD CD T0100M-DTD4/1/83PREREFND DUE 04/01/1995 RATE 8.500		x		9-3-93	x						
JT	PUTNAM GLOBAL GROWTH FD INC CL B SHS	x			8-19-93		x					
JT	REDDING JT PWRS FING AUTH CA WSTEWTR REV RFDG SER-A-FGIC BK ENTRY DTD12/1/92F/C 6/1/93 DUE12/01/2007 RATE 6.000	x			9-16-93	x						
DC	PUTNAM GLOBAL GROWTH FD INC CL B SHS	X			8-19-93	x						

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Name	ROBERT TAKIO MATSUI	Page	of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Asian Americans for Equality	Feb. 27		Y	Y	Y	N
American Citizens for Justice	June 19	Wash., DC-Detroit-Wash., DC	Y	Y	Y	N
Hong Kong Association of Northern California	Aug. 13		Y	Y	N	N
NBC TV	Aug. 28	Kona, HI-Honolulu, Oahu (Member only)	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 12 PM 4:33 (12)

Romano Louis Mazzoli
(Full Name)

939 Ardmore Drive
(Mailing Address)

Louisville, Kentucky 40217

Daytime Telephone: 202/225-5401

Filer Status	[X] Member of the U.S. House of Representatives	State: KY District: 3	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Romano L. Mazzoli

DATE (Month/Day/Year): 5-12-94

2561

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
Alexandria Drafting Company, Alexandria, Virginia	Spouse: Salary	$30,211.20

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	N/A	N/A	N/A	N/A

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Romano L. Mazzoli

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. M=Member

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
M	Congressional Federal Credit Union																										
	Account #62976-0 (Savings)		X			$	28.77						X				X					$	.79				
	Account #62976-1 (Checking)		X			$	45.19						X					X				$	1.01				
SP	Congressional Federal Credit Union																										
	Account #84720-0 (Savings)			X		$1,662.67							X					X				$ 45.44					
	Account #84720-1 (Checking)			X		$5,970.68							X					X				$168.25					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Romano L. Mazzoli

SP, DC, JT	BLOCK A Asset and/or Income Source (M=Member)	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
SP	Congressional Federal Credit Union																										
	Certificate of Deposit #25778	X											X				X				$155.59						
	(Matured 10/19/93)																										
	Certificate of Deposit #25779																										
	(Matured 10/19/93)	X											X						X		$253.74						
	Certificate of Deposit #32256			X			$2,916.85						X				X				$ 17.78						
	Certificate of Deposit #32257			X			$4,756.95						X				X				$ 29.00						
JT	First Nat'l Bank and Trust Co.																										
	#427-5518-4 (Special Account)		X				$ 200.77						X				X				$ 3.91						
M	Liberty Nat'l Bank and Trust Co.																										
	#00922668 (Checking)			X			$8,382.79						X				X				$176.78						
M	U.S. Savings Bonds Series E			X			$3,246.11						X						X		$216.55						
SP	Liberty Nat'l Bank and Trust Co.																										
	Certificate of Deposit																										
	#01-024-0064989			X			$6,739.97						X						X		$311.19						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Romano L. Mazzoli

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	U.S. Treasury Bills																										
	#912794YW8			X			$10,000.00						X						X			$ 322.00					
	#912794YZ1			X			$10,000.00						X						X			$ 321.50					
	#912794ZR8			X			$10,000.00						X						X			$ 300.30					
SP	Massachusetts Mutual Life Insurance																										
	Profit Sharing Plan			X			$ 7,880.62						X						X			$ 654.25					
M	Liberty Nat'l Bank and Trust Co.																										
	IRA #2905081232				X		$22,502.90						X							X		$1,781.11					
SP	Liberty Nat'l Bank and Trust Co.																										
	IRA #01527329				X		$24,907.98						X							X		$1,904.82					
M	Civil Service Retirement System																										
	Contributions Since 1971						X	$113,303.08						N/A						N/A							
M	Civil Service Retirement System																										
	Voluntary Contribution Program																										
	#37943VC				X		$45,929.97						X							X		$2,358.40					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Romano L. Mazzoli

SP DC JT	Asset and/or Income Source	BLOCK D Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK E Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK F Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK G Transaction: P, S, E
M	Federal Employee (401-k) Thrift																										
	Savings Plan				X		$45,721.43						X							X		$1,350.95					
JT	Real Estate: Personal Residences																										
	939 Ardmore Drive																										
	Louisville, Kentucky 40217																										
	Assessed Value: $69,020.00																										
	Less Mortgage: $ 565.07																										
	Net Value: $68,454.93					X	$68,454.93							N/A						N/A							
	1030 Anderson Street																										
	Alexandria, Virginia 22312																										
	Assessed Value: $188,600.00																										
	Less Mortgage: $ 30,028.56																										
	Net Value: $158,571.44						X	$158,57			.44			N/A						N/A							
JT	Automobiles:																										
	1965 Rambler (Assessed Value)		X				$293.00							N/A						N/A							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Romano L. Mazzoli

SP DC JT	Asset and/or Income Source	BLOCK II Year-End Value of Asset									BLOCK III Type of Income						BLOCK IV Amount of Income										BLOCK V Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
JT	Automobiles (Continued)																										
	1973 Chevrolet (Assessed Value)		X			$ 812.00							N/A							N/A							
	1985 Chevrolet (Assessed Value)			X		$1,670.00							N/A							N/A							
JT	Household Goods and Personal Items			X		$8,000.00							N/A							N/A							

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	None											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	N/A								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None	N/A	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Spouse - Board of Directors	Ursuline Campus Schools, Louisville, Kentucky

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:50

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

(1)

MARTIN T. MEEHAN, JR.

320 CLARK ROAD

LOWELL, MA 01852 (202) 225-3411

Filer Status	[X] Member of the U.S. House of Representatives	MASSACHUSETTS 5th [ ]
Report Type	[X] Annual (May 15)	[ ] Amended [ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Marty Meehan

DATE (Month, Day, Year): 5/16/94

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Name	Page 2 of 6
MARTIN L. MEEHAN, JR.	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	PERSCO	DEFERRED COMPENSATION	33,802

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MARTIN T. MEEHAN, JR. | Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	305 NORTH END BLVD, SALISBURY, MA						X					X									X						
	MASS BANK - CHECKING & SAVINGS		X										X					X									
	LOWELL FIVE CENTS SAVINGS					X							X					X									
	CONGRESSIONAL FEDERAL CREDIT UNION			X									X					X									
	MASS STATE EMPLOYEE DEFERRED COMPENSATION	X										DEFERRED COMPENSATION						N/A									

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	ITT BOWEST FORMERLY CENTRAL SAVINGS BANK, LOWELL, MASSACHUSETTS	MORTGAGE ON 305 NORTH END BOULEVARD SALISBURY, MASSACHUSETTS				X			
	LOWELL FIVE CENTS SAVINGS BANK LOWELL, MASSACHUSETTS	PASSBOOK LOAN		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NOT APPLICABLE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Campbell-Raupe Inc.	July 1	Wash., D.C.-Boston-Wash., D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NOT APPLICABLE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
AUG. 1992	PEBSCO	PAYMENT OF DEFERRED COMPENSATION TOTALLING $33,802 WITH FINAL PAYMENT RECEIVED IN 1993

GPO 1994 75 884 (rev)

Use additional sheets if more space is required.

MEMORANDUM

TO: PUBLIC RECORD

FROM: Martin T. Meehan, Jr., M.C.

RE: Travel Expenses

DATE: MAY 16, 1994

==========

I was asked to participate in one day and one night of the Cambell-Raupe leadership/fact-finding seminar held at the Wequassett Inn on Cape Cod, MA.

I drove from Washington, D.C. to Massachusetts. I arrived at the Wequassett Inn on Friday July 1, 1993, stayed the night, and spoke as Co-Chairman of the North-East Mid-West Coalition Manufacturing Task Force on Saturday morning. I left Saturday afternoon.

The approximate cost of food and lodging was $250.00.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:07

Carrie P. Meek
(Full Name)
404 Cannon HOB, Washington DC 20515 202-225-4506
(Mailing Address) (Daytime Telephone)

HAND DELIVERED
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State Florida District 17	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	☒	☐
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	☒	☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	☒	☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	☐	☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	☒	☐
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	☐	☒
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	☐	☒
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	☐	☒
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	☐	☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	☐	☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	☐	☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Carrie P. Meek

DATE (Month/Day/Year): May 16, 1994

Name Carrie P. Meek | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Florida	Retirement Pension	$38,611.56

For payments to charity in lieu of honoraria, use Schedule II.

Name Carrie P. Meek | Page 2 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	National Caucus on Aging	Speech	March 15, 1993	$ 1,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and Income Source	BLOCK B Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.	BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	A: $1 – $1,000 B: $1,001 – $15,000 C: $15,001 – $50,000 D: $50,001 – $100,000 E: $100,001 – $250,000 F: $250,001 – $500,000 G: $500,001 – $1,000,000 H: Over $1,000,000	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED TRUST Other (Specify)	None I: $1 – $200 II: $201 – $1,000 III: $1,001 – $2,500 IV: $2,501 – $5,000 V: $5,001 – $15,000 VI: $15,001 – $50,000 VII: $50,001 – $100,000 VIII: Over $100,000	P, S, E
Ryder Corp. Stock	X	X	X	P
123 Main St., Dover, Del.	X	X		
1st Bank of Peoria, IL accounts	X	X		
Home Intensive Care, Stock	X	X		S
Traveler's Tax Shelter Annuity	X	X	X	
Credit Unions- Florida and Congressional	X	X	X	
Sunshine Credit Union- Tallahassee, Florida	X	X	X	
Metro Life Insurance	X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Carrie P. Meek

Page 4 of 8

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
Bankers Savings, Miami Account				X							X						X								
Renex Corporation		X							X						X										P
Nations Bank Account (checking)		X							N/A						X										

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SCHEDULE IV — TRANSACTIONS

Name Carrie P. Meek | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	Home Intensive Care, Common Stock			X		5-10-93				X			
	Renex Corporation		X			8-12-93	X						

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Name Carrie P. Meek | Page 6 of 8

SCHEDULE V — LIABILITIES

[illegible] liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and [illegible] owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period [illegible] $10,000. For further information, see Instructions, pages 21–22.

[illegible]	Creditor	Type of Liability	Amount of Liability						
			B [illegible]	C $15,001–$50,000	D [illegible]	E $100,001–$250,000	F [illegible]	G $500,001–$1,000,000	H [illegible]
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Republic Bank of Miami	Mortgage, 6830 28th Ave, Miami		X					
	Standard Federal Bank	Mortgage, 1830 Lavette, Tallahassee		X					
	Sunrise State Credit Union	Loan	X						
	Maryland Bank and Citicorp Bank	Credit Cards		X					
	Dade County Teachers Credit Union	Loan	X						

SCHEDULE VI — GIFTS

[illegible] the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year. [illegible] gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

[illegible] House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Include: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Community Action Agency (CAA) Dade County Florida

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

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1994 MAY 16 PM 1:47

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Robert Menendez

517 - 15th Street, Union City, NJ 07087

201/222-2828
202/225-7919

Filer Status	[X] Member of the U.S. House of Representatives — State NJ, District 13	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 05/16/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Union City Board of Education, 3912 Bergen Turnpike, Union City, NJ	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
The Brookings Institution, Washington, DC	Speech	April 20,'93	$500.

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Name Robert Menendez | Page 4 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
JT	1806 West St.,Union City, NJ						x					x											x				
JT	535-41st St.,Union City, NJ						x					x											x				
JT	Union City Savings, Savings Account				x								x						x								
JT	Trust Co. of N.J - Money Market				x								x					x									P
SP	Fidelity Growth Portfolio (annuity)			x									x						x								
	Payment from Henry Furst (payment on law firm buyout)					x																	x				S

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Union City Savings	Mortgage on 1806 West St.,Union City		X					
JT	Union City Savings	Mortgage on 535 41st St.,Union City				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Community Relations Committee of United Jewish Fed.of Metrowest	May 29-June 4	NY - Jerusalem - NY	Y	Y	N	
The Atlantic Council	Aug.23-31	Newark - Hong Kong - Taipai - Newark	Y	Y	Y	
Midwest-Northeast Voter Registration Education Project	Oct.29-30	Newark - Chicago - Newark	Y	Y	N	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
5/10/93	Henry Furst, Esq.	Buyout of law practice & deferred compensation for legal services prior to entering Congress.

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECD
1994 MAY 16 PM 5:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(8)

Janis L. Meyers
(Full Name)

8408 West 90th Street
(Mailing Address)

Overland Park, KS 66212

Daytime Telephone 913-383-2013

Filer Status	[X] Member of the U S House of Representatives	State Kansas District Third	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL *Jan Meyers* DATE (Month/Day/Year) 5/16/94

2596

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Admark, Inc.	Spouse - Talent Fee	

For payments to charity in lieu of honoraria, use Schedule II.

Name Janis L. Meyers

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	DC 123 Main St., Dover, Del.							X				X										X					
	JT 1st Bank of Peoria, IL accounts					X							X							X							
SP	Principal Mutual	X											Pension										X				
SP	Dain Bosworth	X											IRA										X				
	Metcalf State Bank					X							X							X							
	Congressional Federal					X							X							X							
	U.S. West Communication			X									X						X								
JT	Baxter Springs, KS - Bonds			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Janis L. Meyers

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
JT	Jefferson Cnty, Ky - Bonds			X									X							X							S
JT	Southwestern Okla Ind - Bonds			X									X						X								
JT	Gulf Coast Waste Dsp - Bonds			X									X						X								
JT	Johnson County, KS - Bonds			X									X						X								
JT	Flagship Kansas - Bonds			X							X								X								
JT	CMA Tax Exempt Fund			X							X							X									
JT	BRE Properties			X							X							X									
SP	American Capital - Mutual Fund			X							X								X								
	Northeast Utilities - Stock			X							X								X								
	Midwest Resources - Stock			X							X								X								
SP	Oklahoma Mineral Rights			X								Royalty						X									
	Wyoming Land			X								X						X									
	Nebraska Farm Land					X						X									X						
	Kansas Farm Land				X							X								X							
	Metcalf State Bank - IRA				X								X							X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Janis L. Meyers

	Asset and/or Income Source	Value								Type of						Amount of Income										Transaction
JT	Computer Science - Stock			X						X						X										
JT	NYNEX Corporation - Stock			X						X							X									
JT	DH Technology - Stock			X						X						X										
JT	Wal Mart Stores - Stock			X						X							X									
SP	Comstock Partners - IRA			X						X								X								
SP	Anheuser Busch - Stock - IRA			X						X								X								
SP	Browning - Ferris - Stock - IRA				X					X								X								
SP	Freeport McMoran - Stock - IRA			X						X								X								
SP	Northern States Power - Stock				X					X									X							
SP	Bristol Meyers - Stock - IRA				X					X								X								
SP	Kansas City Power & Light-Stock			X						X								X								
SP	Western Resources - Stock - IRA			X						X								X								
SP	Merck & Co - Stock - IRA				X					X								X								
SP	RJR Nabisco - Stock - IRA			X						X								X								
SP	Great Hall Money Market			X						X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Janis L. Meyers

SP DEP DEC	Asset and/or Income Source	Your and Value of Asset A	B	C	D	Type of Income				Amount of Income									Transaction
										I $1,000	II	III $15,000	IV	V $50,000	VI	VII $100,000	VIII $1,000,000	IX	
SP	Kansas City Power & Light-Stock		X			X						X							
SP	Western Resources - Stock -IRA		X			X						X							
SP	RJR Nabisco - Stock - IRA		X			X						X							
SP	Fourth Financial - Stock - IRA		X			X						X							
SP	U.S. Treasury Bonds - IRA				X		X			X									P,S
SP	Great Hall Money Mkt - IRA		X			X						X							
	Uinta Cnty, WY - Bonds		X				X			X									S
	New Hampshire IRB - Bonds		X				X			X									
SP	Delaware Group		X			X					X								P
SP	Delaware Group		X			X					X								P
SP	First Trust Telephone			X		X				X									P
SP	Van Kampen Merritt	X				X							X						S
SP	Eastman Kodak Co.	X				X						X							S

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2601

SCHEDULE IV — TRANSACTIONS

Name: Jackie L. Boyce | Page 7 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 80–81.

Owner (SP, DC, JT)	Asset (Example: Mega Corporation Common Stock)	Type of Transaction: PURCHASE	Type of Transaction: SALE	Type of Transaction: EXCHANGE	Date (MM/DD/YYYY)	Amount of Transaction: A	B	C	D	E	F	G	H
					10-10-00			X					
JT	Jefferson Cnty, KY - Bonds		X		10-04-91	X							
	Uinta Cnty, Wy - Bonds		X		03-01-91	X							
SP	U.S. Treasury Bonds	X			02-12-91		X						
SP	U.S. Treasury Bonds		X		02-17-91	X							
SP	U.S. Treasury Bonds		X		05-17-91		X						
SP	Delaware Group	X			07-15-91	X							
SP	Van Kampen Merritt		X		07-15-91	X							
SP	Van Kampen Merritt		X		07-16-91	X							
SP	U.S. Treasury Bonds	X			02-12-91	X							
SP	Delaware Group	X			07-15-91	X							
SP	Van Kampen Merritt		X		07-16-91	X							
SP	Eastman Kodak Co.		X		11-05-91		X						
SP	First Trust Telephone	X			11-08-91		X						

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1994 MAY 16 PM 5:01

NOTE:

HAND DELIVERED

Dain Bosworth is the institution holding my husband's self-directed IRA. The reason it was not necessary to list the name previously is that there was no distribution from the IRA during 1991. There was a distribution in 1993 and it is reflected under "unearned income."

Capitol Federal was listed in 1992 but not in 1993 because the savings account there had a balance of less than $5,000 and earnings of less than $200 in 1993.

Jan Meyers

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:37

HAND DELIVERED

Kweisi Mfume

7419 Baybarn Rd

Washington, D.C. 20515 — 202/225 4741

Filer Status	X	Maryland 7th	
Report Type	X		

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes	No X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes X	No
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes X	No
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes	No X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes X	No
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes	No X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (with more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes X	No
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes X	No
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes	No X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes	No X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	No X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001.)

SIGNATURE OF REPORTING INDIVIDUAL — DATE: May 16, 1994

2604

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
WBAL TV 11, Baltimore, MD	Weekly Appearances	January 15-December 21	$3,600.00

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Name Kweisi Mfume

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
	2 story Detached Duplex @ 3403 N. Hilton Road					X						X										X					
	Black Entertainment Television Stock			X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Kweisi Mfume

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	N/A											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Loyola Federal Savings, Baltimore	Mortgage on 3403 N. Hilton Road, Baltimore, MD			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

2608

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
St. Croix District-Speaker Democratic Party Dinner	Feb 27-March 1	Balto-St. Croix-Balto	Y	Y	N	N
Congressional Black Caucus Foundation/CBC Policy Conf. Speech/Meetings	June 24-June 27 " "	Wash, D.C.-LA-Balto	Y	Y	N	N
NAACP 84th Annual Conf. Plenery Speaker/Meetings	July 10-July 13	New York-Indianapolis-Wash, D.C.	Y	Y	N	N
Essence Magazine - Interview	July 19	Balto-New York-Wash, D.C.	N	N	Y	N
Press Association of Jamaica Speaker/Meetings	Nov. 27-Dec. 1	Balto-Kingston-Montego Bay-Balto.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Big Brothers & Big Sisters of Central Maryland, Inc.
Board of Regents	Morgan State University
Board Member	Parents Anonymous
Board Member	U.S. Naval Academy Board of Visitors
Board of Trustees	Baltimore Museum of Art

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:59

HAND DELIVERED

John L. Mica

2195 Via Tuscany

Winter Park, Florida 32789 202-225-4035

Filer Status	[X] Member of the U.S. House of Representatives — State: Florida, District: 7th	[ ] Judge	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/15/94

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	John L. Mica & Associates (International Trade Consulting) Winter Park, FL (Balance, 1992 consulting fees)	Consulting fees (Balance from 1992)	$6,000

For payments to charity in lieu of honoraria, use Schedule II.

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Name John L. Mica | Page 2 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	MK Development, Winter Park, FL 50% interest									X		X												X			
	Winter Park Antique Mall, Inc Winter Park, FL					X						X		retail sales									X				
	Mortgage-Medford Lakes, NJ F. Latrell				X								X								X						
	Mortgage-Maitland, FL, Amy Ball			X									X					X									
	Mortgage-Washington, DC David Tolson			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John L. Mica

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	DIVIDENDS AND INTEREST	EXCEPTED TRUST	EXCEPTED TRUST AND BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	BLOCK E Transaction: P, S, E
15-3rd Street, NE, Wash. DC Units 2,4&5 & two garage units						X				X									X					
305 East Capitol Street SE, Wash. DC 50% interest Rental Unit					X					X									X					
Park Lakewoods-Condo Rental Units 8B & 9B, Maitland, FL					X					X									X					
Park LakeWoods - Condo Unit 5A Maitland, FL 50% Partnership			X							X								X						
2195 Via Tuscany-Residence Winter Park, FL							X								X									
Lot 21 Chetola Estates-Residence Blowing Rock, NC					X										X									
1305 S. Atlantic Ave. Cocoa Beach, FL Unit 130					X					X							X							
John Dudinsky, Free Union, VA Balance, Note			X																X					
Dakota Cellular, Inc. Aberdeen, SD 13.5% interest					X										X									
Morehouse Cellular, Inc. Monroe, LA 7.5% interest						X									X									
Bank of Winter Park, Winter Park FL							X				X								X					
National Bank of Commerce Winter Park, FL					X						X						X							
United of Carolina, Charlotte, NC CD					X						X								X					
Palmer National Bank Washington, DC Accts.			X								X					X								
U.S. Senate Federal Credit Union Accounts			X								X						X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John L. Mica

Page 4 of 6

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	ROYALTY	EXCEPTED TRUST	OTHER UNEARNED INCOME AND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
First Citizens Bank Blowing Rock, NC (Accounts)			X									X					X									
Metropolitan Life, Annuity						X						X				X	Deferred									
Loch Haven Savings & Loan Orlando, FL Accounts			X									X					X									
Sun Bank, Winter Park, FL Accounts			X													X										
Loan to Mica for Congress Campaign						X						X							X							
Dakota Cellular, Inc. Aberdeen, SD Loan					X											X										
Moorehouse Cellular, Inc. Monroe, LA Loan					X											X										
MD Cellular, Inc Winter Park, FL	X															X										

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	First Union Bank, Raleigh, NC	Mortgage, Unit 130 Cocoa Bch Condominium		X					
	ITT Residential Capital Service Corp San Diego, CA	Mortgage, Unites 8 & 9 Park Lake Woods Condos, Maitland FL		X					
	GMAC Mortgage Corp., Waterloo IA	Mortgage, Unit 5A, Park Lake Woods Condominium, Maitland, FL		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Morehouse Cellular, Inc. Monroe, LA
Vice Pres., Director	Dakota Cellular, Inc. , Aberdeen, SD
Vice President	Winter Park Antique Mall, Inc., Winter Park, FL
President	MK Development Corp., Winter Park, FL
Partner	Mica/Temple Trail Properties Unit 5A, Park Lake Woods Condominium Maitland, FL
Director	MD Cellular, Inc. Winter Park, FL

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (rev.)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

FILED
1994 MAY 16 PM 12: 58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Robert H. Michel
H-232, U. S. Capitol
Washington, D.C. 20515
225-0600

Filer Status	[X] Member of Congress	Illinois	[ ]
	House of Representatives	18th	
Report Type	[X] Annual (May 15)	[ ] Amended	[ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Robert H. Michel

DATE (Month, Day, Year): May 10, 1994

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Name Robert H. Michel | Page 1 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Tobacco Institute, Wash., D.C.	Speech	Jan. 14, 1993	$2,000
Fiber Manufacturers Assoc., Wash., D.C.	Speech	Jan. 28, 1993	2,000
Nat'l Assoc. of Home Builders, Wash., D.C.	Speech	Feb. 21, 1993	2,000
Northwest Mutual Life Ins., Wash., D.C.	Speech	Mar. 23, 1993	2,000
Fay Improvement Co., Wash., D.C.	Speech	Apr. 28, 1993	2,000
Chemical Mfg. Forum, Wash., D.C.	Speech	May 17, 1993	2,000
National Retail Federation, Wash., D.C.	Speech	June 8, 1993	2,000
Hogan & Hartson, Wash., D.C.	Speech	June 11, 1993	2,000
Int'l Council of Cruise Lines, Wash., D.C.	Speech	July 15, 1993	2,000
Nat'l Assoc. of Club Managers, Wash., D.C.	Speech	Sept. 12, 1993	2,000
Nat'l Coal Assoc., Wash., D.C.	Speech	Sept. 22, 1993	2,000
American Warehouse Assoc., Wash., D.C.	Speech	Oct. 6, 1993	1,500
Nat'l Soft Drink Assoc., Wash., D.C.	Speech	Nov. 4, 1993	2,000
Charles Bartlett Group., Wash., D.C.	Speech	Dec. 8, 1993	2,000
William Timmons Group, Wash., D.C.	Speech	Dec. 9, 1993	2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert H. Michel

Page 2 of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock			X							X																P
	123 Main St., Dover, Del.						X					X															
	1st Bank of Peoria, IL accounts				X								X														
JT	2/3 Int.-320 8th St., S.E. Assoc.						X					X										X					
	Congressional Credit Union				X								X						X								
	Ohio National Life Ins.			X									X					X									
	Transamerica Occidental Life			X									X					X									
JT	Shearson-Lehman-Sirach Capital						X				X										X						
	Smith-Barney-Shearson-Newsouth Cap.(Keogh) (FKA Shearson-Lehman (Keogh)						X				X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert H. Michel

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	EXCEPTED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Smith-Barney-Shearson (Pers.)					x					x									x							P
	Shearson-Lehman (IRA)				x														N/A								
SP	Shearson-Lehman (IRA)				x														N/A								

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SCHEDULE IV — TRANSACTIONS

Name Robert H. Michel

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Smith-Barney-Shearson (Pers.)	x			12/5/93			x				

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Community Bank of Peoria, IL	Mortgage (2/3) on 320 8th St.,S.E.			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Tobacco Institute (Speech)	Jan 9-17	(Transportation Wash,DC-Palm Spr.-Wash,DC	N	N	Spouse	8 days
	Nat'l Assoc. Home Bldrs.(Speech)	Feb.21-22	Wash,DC-Las Vegas-Wash,DC	Y	Y	N	N
	Bryant Gumbel Golf Tourn. (Charity Golf Tournament)	Mar.5-7	Wash,DC-Orlando-Wash,DC	Y	Y	N	N
	Danny Thompson Mem.Golf Tourn. (Charity Golf Tournament)	Aug.24-29	Vail,Col-Sun Valley-Peoria	Y	Y	Spouse	2 days
	Nat'l Fed. Republican Women(Speech	Sep.26-27	Wash,D.C-Las Vegas-Wash,DC	Y	Y	N	N
	Jerry Ford Inv. Golf Tournament (Charity Golf Tournament)	Aug.21-23	Travel paid by Member (Wash,DC-Denver, Col	Y	Y	Spouse	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Bradley University (Uncompensated)
Partner	320 8th St., S.E. Associates (Uncompensated)
Director	Dirksen Congressional Research Center (Uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

ROBERT H. MICHEL
18TH DISTRICT, ILLINOIS

M-232, THE CAPITOL
WASHINGTON, DC 20515-6
225-0600

RECEIVED
1994 MAY 25 PM 3:56
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U.S. HOUSE OF REPRESENTATIVES

Office of the Republican Leader
United States House of Representatives
Washington, DC 20515-6537

HAND DELIVERED

May 24, 1994

Mr. Donnald Anderson
Clerk of the House
1036 Longworth HOB
Washington, DC 20515

✓ (1)
MC

Dear Donn:

This is a statement of amendment for my 1993 Ethics Report, filed on May 16, 1994. Schedule VII should include the following:

Congressional Institute (substantial participation)	Feb. 25-27	Wash, DC-Princeton-DC (by train)	
	Y	Y	Spouse N

Sincerely yours,

Bob Michel

Robert H. Michel
Republican Leader

RHM:sy

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF THE CLERK
1994 MAY 12 AM 9:32
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U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

10

Frederick Daniel Miller
(Full Name)

510 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

(202) 225-5015
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 13	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Dan Miller

DATE (Month/Day/Year): May 11, 1994

2627

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None	None	None

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None	None	None	None

This page may be copied if more space is required.

Name Frederick Daniel Miller | Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
	Miller Enterprises of Manatee, Inc.									X	X	X	X												X		
	Miller Brothers of Manatee, Inc.						X						X									X					
	Don Miller Development Corp.							X				X	X				X										
	Miller's Pier Corp.						X				X		X										X				
	Segrist-Miller Corp.							X			X													X			
	Manatech Plastics, Inc.					X					X											X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick Daniel Miller

BLOCK A Asset or Income Source	BLOCK B Year-End Value of Asset: A $1 - $1,000	C $15,001 - $50,000	E $100,001 - $250,000	G $500,001 - $1,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	CAPITAL GAINS TRUST	RENTS	BLOCK D Amount of Income: II $201 - $1,000	IV $2,501 - $5,000	VI $15,001 - $50,000	VIII $100,001 - $1,000,000	BLOCK E Transaction P, S, E
CATS Corp. Bonds - IRA			X										
210 Acres-East Feliciana Parish, LA			X			X					X		
Twentieth Century Fund - IRA		X											
City National Bank		X				X			X				
NationsBank		X				X			X				
U.S. Treasury Notes		X				X				X			
Carolina Power & Light Bonds	X					X				X			S
Smith-Barney money market		X				X			X				
Barnett Bank		X				X			X				
Federal Nat'l Mortgage Assn. - Bonds		X				X				X			S
Sears,Roebuck & Co. - Notes		X				X				X			
A.G. Edwards - money market	X					X		X					
Thompson Fund - Mutual Fund		X			X		X			X			P
American Express Corp. - Notes		X				X			X				
American Brands, Inc. - Notes		X				X				X			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick Daniel Miller

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Phillip Morris - Notes			X									X							X							
	Miller Real Estate Services, Inc.			X							X									X							P
	St. Louis Mo. Arpt. Revenue Bonds			X									X				X										P

This page may be copied if more space is required.

Name Frederick Daniel Miller | Page 7 of 10

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Carolina Power & Light Bonds		X		9/1/93		X					
	Federal Nat'l Mortgage Assn.		X		3/10/93	X						
	Thompson Fund Group Opportunity Fund Class B	X			1/15/93	X						
	Thompson Fund Group Opportunity Fund Class B	X			2/12/93	X						
	Thompson Fund Group Opportunity Fund Class B	X			3/12/93	X						
	Thompson Fund Group Opportunity Fund Class B	X			4/19/93	X						
	Thompson Fund Group Opportunity Fund Class B	X			8/17/93	X						
	Miller Real Estate Services	X			3/15/93	X						
	St. Louis Mo. Arpt. Revenue Bonds	X			9/14/93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and **liabilities owed to a spouse**, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Miller Enterprises of Manatee, Inc.	Loan					X		
	NationsBank	Business Loans			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None	None	None

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None	None	None	NA	NA	None	NA

This page may be copied if more space is required.

2635

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Miller Enterprises of Manatee, Inc. (not compensated)
Director	Miller Brothers of Manatee, Inc. (not compensated)
Director	Don Miller Development Corp. (not compensated)
Director	Miller's Pier Corp. (not compensated)
Director	Segrist-Miller Corp. (not compensated)
Director	Manatech Plastics, Inc. (not compensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	None

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

5

HAND DELIVERED
(Office Use Only)

GEORGE MILLER
(Full Name)

2205 Rayburn HOB
(Mailing Address)

202-225-2095
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State California District 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: George Miller

DATE (Month/Day/Year): 5-16-94

2637

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name GEORGE MILLER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
	127 D St., SE, Wash., DC							X				X										X					
S	IRA Money Market Fund, Charles Schwab Co.			X									X						X								
	Stock Fund, S.I.F.E. Trust, Walnut Creek, California (IRA)			X							X								X								
JT	Stock Fund, Putnam Mutual Fund (401K)			X							X								X								
JT (with son)	2002 Greene St., Apt. 412, Columbia, S.C. (half interest w/son)					X																					
DC	Savings Account: 100 shares of Bank of America			X																							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GEORGE MILLER

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
DC	Savings Account: 200 shares of Hotel Investors		X																							
DC	Savings Account: 200 shares of Seagate Technology			X																						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

	Creditor	Type of Liability	Amount of Liability B $50,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Columbia First Federal Savings & Loan Assoc., Wash., DC	mortgage on 127 D St., SE, Wash.,DC			X				
	Security Mortgage Co., Columbia, South Carolina	mortgage on 2002 Greene St., Apt. 412, Columbia, S.C.			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Urban Institute	Feb. 12-15 Feb. 11-15	DC-Miami-DC (for MC) SF-Miami-DC (for spouse)	Y	Y	spouse	2 days
	Everglades Coalition (National Parks & Conservation Assoc.--primary group)	Feb. 20-22	DC-Tallahassee-DC	Y	Y	none	N
	California Association of Environmental Professionals	March 19-20	SF-Yosemite-SF (transportation paid by Member)	Y	Y	spouse	1 day
	Danny Thompson Charity Golf Tournament	Aug.26-29	SF-Sun Valley-SF (transportation paid by Member)	Y	Y	none	1 day
	The Aspen Institute	Oct. 29-31	DC-Aspen-SF	Y	Y	none	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 10 PM 1:18

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

(11)

Norman Yoshio Mineta
(Full Name)

2221 Rayburn House Office Building (202) 225-2631
(Mailing Address) (Telephone Number)

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State CA District 15	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Norman Mineta

DATE (Month/Day/Year): May 9, 1994

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Name	Norman Yoshio Mineta	[redacted]

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	United Airlines	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Norman Yoshio Mineta	[redacted]

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	National Water Resources Association	Speech	April 1, 1993	$1000
	Silicon Valley Medical Device Council	Speech	April 6, 1993	$500

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Name Norman Yoshio Mineta | P[redacted]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[redacted] for investment or [redacted] fair market value [redacted] of the end of the reporting year, [redacted] other asset or source of income which [redacted] more than $200 in "unearned" income [redacted] year. For rental property or land, provide [redacted] names of any mortgage [redacted] IRA or retirement plan that is self-[redacted] assets and income [redacted] retirement plan, [redacted] name and location (address).

[redacted] your personal residence(s) [redacted] rental income); any debt owed to you by your spouse, by you or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "none."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: I $1 – $1,000	II $1,001 – $15,000	III $15,001 – $50,000	IV $50,001 – $100,000	V $100,001 – $250,000	VI $250,001 – $500,000	VII $500,001 – $1,000,000	VIII Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	OTHER	EXCEPTED TRUST	Block D: None	I $201 – $1,000	II $1,001 – $2,500	III $2,501 – $5,000	IV $5,001 – $15,000	V $15,001 – $50,000	VI $50,001 – $100,000	VII $100,001 – $1,000,000	VIII Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock			X						X														P
	123 Main St., Dover, Del.					X					X													
	1st Bank of Peoria, IL account				X							X												
	Union Bank stock		X							X						X								
	Southern California Edison stock	X								X					X									
	Residence at: 1010 Bennett Way, San Jose California						X				X									X				
	Wright Patman Congressional Federal Credit Union		X									X				X								
	1/5 interest in improved property at: 545 North 5th Street, San Jose CA		X												X									
	Residence at 755 De La Luz Circle Perris California					X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Norman Yoshio Mineta [redacted]

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Reparations payment received under Civil Liberties Act of 1988				X												X										

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Name Norman Yoshio Mineta | Page [redacted]

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Union Bank, San Jose California	Mortgage on property at: 1010 Bennett Way, San Jose CA				X			
	Charles W. Davidson	Loan	X						
	KeyCorp Mortgage, Inc., Buffalo New York	Mortgage on property at: 755 De La Luz Circle, Perris CA			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Norman Yoshio Mineta [redacted]

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Roadway	Jan 13-14	D.C. - Clevland - D.C.	Y	Y	N	N
Asian Pacific American Community Luncheon/Conference	Feb 11-12	San Jose - Los Angeles-San Jose	Y	Y	N	N
American Road and Transportation Builders Conference	Mar 21-22	San Jose - Las Vegas-San Jose	Y	Y	N	N
Rust College	April 25	D.C. - Memphis- D.C.	N	Y	N	N
Bilbray for Congress Committee	June 6-8	San Jose - Las Vegas - D.C.	Y	Y	N	N
Japanese American Citizen's League	June 18-19	D.C. - New York - D.C.	Y	Y	N	N
George Nakano for State Senate	July 7	San Jose - Los Angeles-San Jose	N	Y	N	N
Association of American Railroads	July 9-11	San Jose - Salt Lake City-D.C.	Y	Y	Y	N
American Public Works Association	Sept 19-20	San Jose - Phoenix - D.C.	N	Y	N	N
American Public Transit Association	Oct 3-4	D.C. - New Orleans - Los Angeles	Y	Y	N	N
Japanese American National Museum	Oct 9	San Jose - Los Angeles-San Jose	N	Y	N	N
Walter Tucker for Congress Committee	Oct 22-23	San Jose - Los Angeles-San Jose	Y	Y	N	N
AFL-CIO	Oct 31-Nov 1	D.C. - San Diego - D.C.	Y	Y	N	N
Friends of Corinne Brown	Nov 5-6	D.C. - Jacksonville - D.C.	Y	Y	N	N

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Name	Page
Norman Yoshio Mineta	[redacted]

SCHEDULE VIII — POSITIONS

List all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Board of Regents, Santa Clara University
Member	Board of Regents, Smithsonian Institution
Member	National Advisory Board, Cal in the Capitol
Member	California advisory Committee for an OPEN Society
Member	Honorary Board Member, Variety Studio, Inc. Cassette Program
Member	Advisory Board, Asian American Journalists Association

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

Name	Norman Yoshio Mineta	P[redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Advisory Board, Triton Museum of Art
Member	Board of Directors, Junior Statesman Foundation
Member	Advisory Board, Japanese American National Museum
Chairman	Board of Review, Metropolitan Washimgton Airports Authority
Member	Board of Directors, Tech Center of Silicon Valley
Member	Board of Directors, Center for Policy Alternatives

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

Name Norman Yoshio Mineta [redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Advisory Committee, San Jose State University Aviation Department
Member	Board of Directors, American Leadership Forum, Silicon Valley Chapter
Member	Board of Directors, Smart Valley
Member	Galaxy Institute for Education
Member	Honorary Board Member, Yu-Ai-Kai
Member	Board of Regents, Archbishop Mitty High School

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1994 75–884 (mac)

Use additional sheets if more space is required.

Name	[redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Member	Honorary Board Member, San Jose State University Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 9:25

(8)

Lane Meade
CPA Box 183
Montevideo MN

Filer Status	☐ Member of the U.S. Senate (Year) ☐ House of Representatives (Date) ☐ Candidate	
Report Type	☒ Annual (May 15) ☐ Amendment ☐ Termination ☐ Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☒	No ☐
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding Qualified Blind Trusts approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Lane Meade

DATE (Month, Day, Year): 5/16/94

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Name	Page of
[illegible]	[illegible]

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	The Luther Institute	Spouse fees	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name David [illegible] | Page [illegible] of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, [illegible] any other asset or source of income which [illegible] more than $200 in "unearned" income during the year. For rental property or land, provide [illegible]. Provide full names of any mutual [illegible]. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than [illegible]; for an IRA or retirement plan that is not self-directed, name the institution holding the [illegible].

[illegible]: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H1 Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLINDNESS	None	I $201 – $1,000	II $1,001 – $2,500	III $2,501 – $5,000	IV $5,001 – $15,000	V $15,001 – $50,000	VI $50,001 – $100,000	VII $100,001 – $1,000,000	VIII Over $1,000,000	P, S, E
SP, DC, JT	Example:	SP	Mega Corp. Stock				X					X															P
		DC	123 Main St., Dover, Del.							X																	
		JT	1st Bank of Peoria, IL accounts											X													
JT	105 acres of land - Montevideo MN							X					CRP X									X					
JT	home - Montevideo MN							X					X									X					
	TMGN Real Estate Partnership - owns law office buildings in Montevideo and Benson, MN			X											X					X							S
	Nelson, Oyen, Torvik, Monge, + Gilbertson Law Plaintiff Partnership			X											X							X					S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible] Page [illegible] of [illegible]

BLOCK A Income Source	BLOCK B Year-End Value of Asset: A $0 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H	BLOCK C Type of Income: D DIVIDEND	E INTEREST	F RENT	G ROYALTY	H TRUST	BLOCK D Amount of Income: I $0 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX	BLOCK E Transaction: P, S, E
S IRA Appleton - Prairie State Bank		X								X				NA									
IRA Maynard - Prairie State Bank		X								X				NA									
IRA Mutual Savings Shawmut Bank		X								X				NA									
1st Nat'l Bank Montevideo Savings Bond			X							X													
JT Montevideo Credit Union	X									X				X									
JT Minnesota - Bank Montevideo		X								X				X									
JT Congressional Federal Credit Union		X								X				X									
JT Montevideo Industrial Dev Corp	X									X				X									
JT Mountain Lot - Laramie WY		X												X									
Prudential Annuities		X												NA									
PEBSCO					X									NA									
TIAA-CREF			X											NA									
PERA - State of MN		X												NA									
Lincoln Nat'l Life		X												NA									
Northern Life			X											NA									

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SCHEDULE IV — TRANSACTIONS

Name David Minge | Page 5 of 8

[illegible] any purchase, sale, or exchange by you, your spouse, or dependent child [illegible] the reporting year of any real property, stocks, bonds, commodities futures, [illegible] other securities when the amount of the transaction exceeded $1,000. Include [illegible] transactions that resulted in a loss. Do not report a transaction between you, your [illegible], or your dependent child, or the purchase or sale of your personal [illegible]dence, unless it is rented out. For further information, see Instructions, pages [illegible]-21.		Type of Transaction			Date	Amount of Transaction						
[illegible]	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H [illegible] over
	Example: Mega Corporation Common Stock				10–12–93		X					
	Nelson, Oyen, Torvik Law Partnership		X		1-1-93		X					
	TMGN Real Estate Partnership		X		1-1-93		X					

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SCHEDULE V — LIABILITIES

[illegible] liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed [illegible] the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and [illegible] owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period [illegible] $10,000. For further information, see Instructions, pages 21–22.

Creditor	Type of Liability	Amount of Liability: B [illegible]–$15,000	C $15,001–$50,000	D [illegible]	E $100,001–$250,000	F [illegible]	G $500,001–$1,000,000	H [illegible]
Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT Minnwest Bank Montevideo	mortgage on farmland		X					
First National Bank · Montevideo	guarantee of business loan		X					
JT First National Bank - Montevideo	mortgage on house	X						

SCHEDULE VI — GIFTS

[illegible] the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	none	

Use additional sheets if more space is required.

Name David Minge | Page 1 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Associated Milk Producers	Mar 19, '93	Mpls. MN – New Ulm MN	N	N	N	N

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SCHEDULE VIII — POSITIONS

[illegible] or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, [illegible] employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor [illegible] or other institution other than the United States. For further information, see instructions, pages 25–26.

[illegible] to any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

	Name of Organization
	none

SCHEDULE IX — AGREEMENTS

[illegible] parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of [illegible]; continuation or deferral of payments by a former or current employer other than the U.S. Government; and continuing participation in an [illegible] benefit plan maintained by a former employer. For further information, see instructions, page [illegible]

[illegible]	Parties To	[illegible]
1-1-93	Nelson, Oyen, + Torvik law partnership + individual partners: Stephen Torvik, David Gilbertson, Janice Nelson, + Kevin Stroup	Buyout of interest in law practice over seven years.
1-1-93	Stephen Torvik, David Gilbertson, Janice Nelson, + Kevin Stroup	Buyout of interest in real estate partnership (TMGN) that owned law off[illegible] over seven years.

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

(Full Name) PATSY T. MINK

(Mailing Address) 2135 Rayburn House office Building
Washington DC 20515

Daytime Telephone 202-225-4906

Filer Status	[X] Member of the U.S. House of Representatives	State District Hawaii 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Patsy T. Mink

DATE (Month/Day/Year): May 14, 1993

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Name Patsy T. Mink | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	John F. Mink; Spouse - Self employed Mink & Yuen, P.C. President	Professional	NA
	John F. Mink; Spouse - Sub Chap S Corp George A. L. Yuen & Assoc.	Professional	NA
	John F. Mink; Spouse - Partner	Professional	NA
	Patsy T. Mink; State of Hawaii Retirement System	retirement income	$8975.88

For payments to charity in lieu of honoraria, use Schedule II.

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Name Patty T. Mink | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X							X								X								P
	123 Main St., Dover, Del								X				X										X					
	1st Bank of Peoria, IL accounts					X								X							X							
Jt	Alexander & Baldwin Inc				X							X									X							
Jt	State of Hawaii Airport Bond				X									X								X						Recalled
Jt	Keystone America Income Fund 128-105903-OFC				X							X		X								+						
Jt	Dean Witter Tax Exempt Securities			X										X						X								
S	Bank of Hawaii KEOGH 907-20506-6						X					no income						X										
	Bank of Hawaii IRA			X								no income						X										

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Patty T. Mink

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
S	Bank of America Keogh 007-314299						X				no		income				X										E
Jt	Bank of Hawaii Checking 007-340872				X								X						X								
Jt	Bank of Hawaii Checking 9620119			X									X					X									
Jt	Congressional Credit Union Checking 60424485				X								X						X								
S	Equitable Life Assurance Co 13747790			X									X					X									
S	Equitable Life Assurance Co			X									X					X									
	Prudential Life Insurance			X							no		income				X										
S	Merrill Lynch SEP Retirement				X						no		income				X										
S	Dean Witter IRA				X						no		income				X										
Jt	Central Pacific Bank Savings 5752452390			X									X					X									
	Honolulu Fed Bank IRA 2371205			X							no		income				X										
Jt	Bank of Hawaii Certificate			X									X						X								
	Loans by Patty Mink to Patty T. Mink Campaign Comm.						X				no		income				X										
S	Dean Witter SEP Retirement				X						no		income				X										
Jt	Putnam Investments			X							X							X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Patty T. Mink

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	Mink & Yuen Inc			X							office equipment, acc'ts receivable etc																
S	George A.L. Yuen & Asso.		X								office equipment, acc'ts receivable etc																

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SCHEDULE IV — TRANSACTIONS

Name Patsy T. Mink | Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
Jt	State of Hawaii Airport Bond - Recalled		X		July 1, 93		X					
Jt	Real Property - 1911 Kalanianaole Ave Hilo, Hawaii 96720 (Personal residence)	X			July 30, 93				X			

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	none (only liabilities are as mortgages on our personal residences)								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N.Y. City Congressional Tour	May 13-16, 1993	Wash DC to NYC to Wash DC	Y	Y	Y	N

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Name	Page 10 of 10
Patsy T. Mink	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Vice President (honorary)	Americans of Democratic Action (unpaid) political organization - non-profit
Director (unpaid)	Hawaii Women Lawyers Foundation, non-profit Charitable

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Jan 1987	State of Hawaii Retirement System (former employer)	Retirement and Health Benefits

(JEN) 1994 - 75,884 (mar)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only) 5

John Joseph Moakley
(Full Name)
235 Cannon House Office Building
(Mailing Address)
Washington, D.C. 20515
202-225-9091
Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State MA District 9th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joe Moakley

DATE (Month/Day/Year): 05/13/94

2671

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts	Legislative Pension	$6,855.
	U. S. Veterans Administration	Disability	$1,032.

For payments to charity in lieu of honoraria, use Schedule II.

2672

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John J. Hoakley | Page 2 of 4

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.	BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Example: SP Mapal Corp. Stock				X						X								X								P
Example: 123 Main St., Dover, Del.							X				X										X					
Example: 1st Bank of Peoria, IL accounts					X							X							X							
JT South Boston Savings Bank Accounts			X									X						X								
SP South Boston Savings Bank Accounts				X								X						X								
JT Cong. Fed. Credit Union Sv. Bk. Acct.			X									X						X								
JT Metropolitan Life Ins., Warwick, RI			X									X						X								
JT John Hancock Mutual, Boston, MA.			X									X						X								
JT Bankers Nat'l Life, DeMoines, IOWA			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John J. Hoakley | Page 3 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Boston Company Fund, Boston, MA.		X								X							X									
JT	Century Shares Trust, Boston, MA.		X											X				X									

This page may be copied if more space is required.

2674

Name John Joseph Moakley | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	South Boston Savings Bank, MA.	1812 Columbia Rd., Boston, MA.					X		

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12: 14

HAND DELIVERED

(4)

Susan Molinari

460 Clawson Street

Staten Island, New York 10306 (718) 987-8400

Filer Status	[X] Member of the House of Representatives, District NY 13	[ ]	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month, Day, Year)
Susan Molinari	5/13/94

2676

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Susan Molinari

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Cong. Fed. Credit Union # 99313-1			X																							
	Citibank NA Acct. # 73163521			X																							

For additional assets and unearned income, use next page.

SCHEDULE VII — FACT FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure – Destination(s) – Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. – Chicago – Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–11	Wash., D.C. – Los Angeles – Cleveland	Y	Y	Y	4 Days
	Schenectady Cty. Rep. Party	Feb. 10	Newark, NJ – Albany, NY	Y	Y	N	N
	Texas Women Pol.	Feb. 14–15	Newark, NJ–Austin, TX–Newark	Y	Y	N	N
	Cong. Human Rights Foundation	Apr. 7–11	New York–Croatia–Bosnia–Macedonia–Serbia–Macedonia–New York	Y	Y	N	N
	Genesee Cty. Republican Party	Oct. 15–18	Wash., DC – Buffalo–Newark	N	Y	N	N
	Essex Cty. Republican Party	Oct. 29–30	Newark–Plattsburg–Albany–Newark	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board Member	March of Dimes
Board Member	Richmond Hospice
Board Member	Adelphi Academy
Board Member	Wagner College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

JIM McDERMOTT, WASHINGTON
CHAIRMAN
GEORGE (BUDDY) DARDEN, GEORGIA
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
KWEISI MFUME, MARYLAND
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO

(202) 225-7103
SUITE HT-2, THE CAPITOL

Congress of the United States
House of Representatives
Committee on Standards of Official Conduct
Washington, DC 20515-6328

FRED GRANDY, IOWA
RANKING REPUBLICAN MEMBER
NANCY L. JOHNSON, CONNECTICUT
JIM BUNNING, KENTUCKY
JON L. KYL, ARIZONA
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

BERNARD RAIMO, CHIEF COUNSEL

June 29, 1994

RECEIVED
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1994 JUL -1 AM 8:41
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U.S. HOUSE OF REPRESENTATIVES

(1)
MC

The Honorable Susan Molinari
U.S. House of Representatives
123 Cannon House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of June 23, 1994, requesting a waiver, pursuant to section 102(a)(2)(C) of the Ethics in Government Act, of the reporting requirements for wedding gifts received by you and your husband when you are married on July 3, 1994.

On behalf of the Committee, we grant your request. The Office of Records and Registration shall be notified in accordance with the statutory requirement that waiver requests be made a part of the public record.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Jim McDermott
Chairman

Fred Grandy
Ranking Minority Member

JS:

Copy to: Office of Records and Registration

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:10

HAND DELIVERED (6)

Alan B. Mollohan

727 Mt. Vernon Avenue

Fairmont, WV 26554

202/225-4172

Filer Status	[X] Member of the U.S. House of Representatives	District WV 1st	[ ] Other	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

~~HAND DELIVERED~~

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Alan B. Mollohan

DATE (Month Day Year): 5/15/94

2681

Name Alan B. Mollohan | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	CB&T/Huntington Bancshares			X							X							X									
SP	Rochester & Pittsburgh Coal Co.			X							X							X									
SP	City of Fairmont, WV Sewer Revenue Bonds				X								X								X						
SP	Kanawha County, WV Building Revenue Bonds				X								X							X							
SP	Ins. Hospital Revenue Bonds			X									X						X								
SP	WV Hospital Finance Authority Bonds				X								X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Alan B. Mollohan

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	First National Bank in Fairmont			X									X					X									
SP	PaineWebber Money Fund		X										X					X									
SP	1/5 int. coal, oil & gas 6.5ac Linn Lick, Center Dist. Gilmer		X									ROYALTY					X										
SP	1/5 int. coal,oil & gas 27ac Linn Lick, Center Dist. Gilmer		X									ROYALTY						X									
SP	3.33% int. oil & gas 35ac Bull Fork, DeKalb Dist. Gilmer Cty			X								ROYALTY						X									
SP	5/32 int. oil & gas 242 ac NS Kanawha, Glenville Dist. Gilmer				X							ROYALTY								X							
SP	PaineWebber Putnam Global Growth IRA			X														NA									
	PaineWebber Retirement Fund---					X														X							
	1000 shares ADT Ltd Common			X							X																P
	1000 shares Arkla Inc.			X							X																P
	200 shares Bristol Myers Squibb Co.			X							X																P
	400 shares Fed. Paper Bd. Co.			X							X																P
	180 shares IBM			X							X																
	200 shares VF Corp.			X							X																P
	PW Retirement Money Fund			X									X														

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SCHEDULE IV — TRANSACTIONS

Name Alan B. Mollohan

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	PaineWebber Retirement Fund ---											
	Arkla Inc.	X			1-19-93	X						
	ADT Ltd. Common Shares	X			1-19-93	X						
	Federal Paper Board Inc.	X			1-19-93	X						
	Bristol Myers Squibb Co.	X			2-4-93	X						
	VF Corp.	X			2-19-93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Huntington National Bank (WV)	Revolving Credit Line		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Fairmont State College Foundation		Oct. 15	Wash., DC - Morgantown, WV	N	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A

1994 MAY 16 PM 1:05

HAND DELIVERED (10)

Congressman Gillespie V. Montgomery

2184 Rayburn Building

Washington, D. C. 20515 (202) 225-5031

Filer Status	X	Mississippi 3rd
Report Type	X	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

	Yes	No		Yes	No
Did you or your spouse have earned income (e.g. salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	X		Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e. aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	X		Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**		X
Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	X		Did you hold any reportable positions, on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**		X
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	X		Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	X		**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust holding you, your spouse, or dependent child? (See Instructions, pages 10-11.)		X
EXEMPTION — Have you excluded from this report any other assets, unearned income, transactions, or liabilities, of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. This statement will be available to any requesting person upon written application and will be released by the Committee on Standards of Official Conduct at its discretion. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See U.S.C. App. § 101 and 104(a)(5) § 1001)

G.V. Montgomery

May 16th 1994

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Name	Congressman Gillespie V. Montgomery	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mississippi National Guard (not subject to outside earned Income limit)	Retirement	$19,752.00

For payments to charity in lieu of honoraria, use Schedule II.

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, page [illegible], 13, 14.

Source	Activity	Date	Amount
Examples: Association of American Accountants, Washington, D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
The Tobacco Institute, Washington, D. C.	Speech	Nov. 2, 1993	$2,000

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peona, IL accounts					X							X							X							
	Wright Patman Congressional Federal Credit Union					X							X								X						
	Trustmark National Bank Jackson, Ms.			X									X						X								
	Home Federal Savings & Loan Meridian, MS.				X								X						X								
	Home Federal Savings & Loan Stock				X						X									X							
	Eastover Bank Savings, (Now in Jackson, Ms. (Sunburst Bank)			X									X						X								E
	Eastover Bank Stock		X									None					X										

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Congressman Gillespie V. Montgomery

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Nuveen Bonds			X									X					X									
	Lowndes County, MS Bonds			X									X						X								
	Mississippi Highway Bonds			X									X						X								
	Laurel, Mississippi Bonds			X									X						X								S
	Meridian, MS. F. G. Riley Hospital Bonds				X								X							X							
	Meridian Municipal Separate School District Bonds			X									X							X							S
	Merrill Lynch Investments Jackson, MS.				X						X		X							X							
	Grenada Sunburst Systems Grenada, MS.			X							X								X								
	Oil Interest & Timberland Clarke County, MS (40 acres)				X							None					X										
	First Trust Advantage Series Mississippi			X									X						X								
	Indianola Income Property, Inc. LP 1 unit Commercial Rental Property Indianola, MS.				X						Partnership Cash Distribution										X						
	Indianola Income Property II L.P. 1 unit Commercial leasing property Indianola, MS.			X									"							X							
	Cattle			X									sale											X			S
	Meridian Duplex, 3904 Country Club Drive, Meridian, MS.						X					X								X							
	Parkside, 10508 Montrose Ave. #104, Bethesda, Maryland						X					X										X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Congressman Gillespie V. Montgomery

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	The Court(½ interest) 212 Justice Court,N.W., Wash.D.C.						X					X										X					
	Deposit Guaranty Bank Jackson, Ms.				X								X						X								
	Mississippi General Obligation Port Bonds			X									X						X								
	Sanderson Farms Stock Laurel, MS.			X							X							X									P
	The Blackrock Target Term Trust Stock, New York			X							X								X								
	Carlyle Real Estate Limited Partnership XIV, Chicago, ILL.			X									X					X									
	Sterne Agee & Leach CEF Gov't Fund, Birmingham, Alabama				X						X								X								
	Timberland (38 acres) Neshoba County, MS.				X							None					X										
	Timberland (½ interest-775acres Attala County, MS.						X					X	(Use of land for hunting)						X								
	Timberland(½ interest-122 acres Lauderdale County, MS.					X						None					X										
	Timberland (40 acres) Calhoun County, MS.			X								None					X										
	Irvine Sensors Stock				X							None					X										
	Diplomat(1 unit limited partnership)Residential Rental property, Hinds Co., Ms.					X							X					X									
	Bancorp of Mississippi stock			X							X							X									
	Torchmark Corp. stock			X								None					X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Congressman Gillespie V. Montgomery

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Meridian, MS School General Obligation Bonds			X									X							X							
	Big "B" Inc. Stock			X							X							X									
	Delta Income Property,L.P.(2 units Leasing Warehouse, Indianola, Ms.				X						Partnership cash distribution										X						
	120 N.Congress,L.P. (1 unit commercial rentals & leasing property Jackson, Ms.				X							"	"						X								
	Crusade Partners,L.P. (1 unit Leasing of Hotel, Panama Beach, FLA.				X							"	"							X							
	B B & T Financial Corp. Stock			X							X							X									S
	Citizens National Bank Stock Meridian, MS.		X								X							X									
	Lakeshore Partners,L.P.(1 unit Apartment Complex, Jackson, MS				X						Partnership cash distribution								X								
	National Bank of Commerce			X							X							X									
	Glaxo Holdings Stock			X							X							X									
	Mobile Telecommunications Tech Corp. stock				X						X						X										
	MFS Mississippi Municipal Bond Fund			X									X						X								
	The Equitable Companies Inc., Stock		X									None					X										S
	Mississippi Hospital Equipment Facilities Auth. Bond			X								None					X										
	Tokos Medical Stock			X								None					X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Congressman Gillespie V. Montgomery

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (F, S, E)
		None	None	None	P
	Butler National Corp. Stock	B			
	Borland International Inc.stock	B	None	None	P & S
	Eaton Vance Mississippi Tax Free Fund	B	INTEREST	II	P
	Focus Investment Trust Series 1	B	DIVIDENDS	II	P
	Fund U.S. Gov't Secs. Inc. Class C	C	DIVIDENDS	III	P
	Meridian, MS. Jr. College C.O.P. Bond	B	None	None	P
	Cellular Towers Asset Fund, L.P. (5 unit-land for cellular telephone towers),Jackson, MS.	B	Partnership Cash distribution	III	P
	Grain Commodity Market investment	B	None	None	P

SCHEDULE IV — TRANSACTIONS

Name: Congressman Gillespie V. Montgomery

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Eastover Bank Savings, Jackson,MS. (Now with Sunburst Bank, Meridian)			X	3-14-93	X						
	Laurel, MS Bond		X		8-1-93	X						
	Meridian Municipal Separate School District Bonds		X		11-1-93	X						
	Cattle		X		9-4-93			X				
	B B & T Financial Corp. Stock		X		4-15-93	X						
	The Equitable Companies Inc. Stock		X		7-2-93	(less than $1,000)						
	Tokos Medical Stock	X			7-14-93	X						
	Butler National Corp. Stock	X			4-15-93	X						
	Borland International Inc.	X	X		2-8-93 12-20-93	X						
	Eaton Vance Mississippi Tax Free Fund	X			7-29-93	X						
	Sanderson Farms Inc. Stock	X			12-9-93	X						
	Focus Investment Trust Series 1	X			9-30-93	X						
	Fund U.S. Gov't Secs Inc., Class C	X			10-12-93		X					
	Meridian, MS. Jr College C.O.P. Bond	X			12-10-93	X						
	Cellular Towers Asset Fund, L.P. (½ unit)(land for cellular telephone towers, Jackson, Ms.)	X			1-20-93	X						
	Grain Commodity Market	X			7-6-93	X						

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SCHEDULE [illegible]

Name: Congressman Gillespie V. Montgomery

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Delta Income Property, L.P. P.O. Box 22655, Jackson, MS	Limited Partnership business loan		X					
	120 N. Congress, L.P. P.O. Box 22655, Jackson, MS.	"	X						
	Crusade Partners, L.P. P.O. Box 22655, Jackson, MS.	"	X						
	Lakeshore Partners, L.P. P.O. Box 22655, Jackson, MS.	"	X						
	Cellular Towers Asset Fund, L.P. P.O. Box 22655, Jackson, MS	"	X						

SCHEDULE [illegible]

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

(If required)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 9:52

CARLOS J. MOORHEAD

2346 RAYBURN HOB, WASHINGTON, D. C. 20515 202/225-4176

CALIFORNIA
27

Filer Status	X
Report Type	X

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSIONS — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — SIGNING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

Carlos J. Moorhead

May 12, 1994

2697

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CALIFORNIA STATE LEGISLATURE RETIREMENT	PENSION	$2,738.44
	DEPARTMENT OF DEFENSE	PENSION	8,667.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NON-PRESCRIPTION DRUG MANUFACTURERS	SPEECH	Feb. 4, 1993	$ 500
	AMERICAN ADVERTISING FEDERATION	SPEECH	Mar. 16,1993	500
	SNACK FOOD ASSOCIATION	SPEECH	Apr. 22,1993	2,000
	NATIONAL CABLE TELEVISION ASSOCIATION	SPEECH	Jun. 6,1993	1,500
	PRESTON GATES ELLIS & ROUVELAS MEEDS	SPEECH	Aug. 3,1993	1,000

Name CARLOS J. MOORHEAD

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	WILSON & ASSOCIATES					X							X						X								
	WAKEFIELD & ASSOCIATES-REAL EST.			X									X						X								
	GLENDALE FEDERAL BANK			X									X						X								
	CRESTAR BANK, McLEAN, VA			X									X						X								
	FIDELITY SAVINGS BANK			X									X						X								
	CONGRESSIONAL FED. CREDIT UNION			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CARLOS J. MOORHEAD

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	FIRST VIRGINIA BANK			X									X						X								
	WELLS FARGO BANK				X								X						X								
	VANDEVENTER & HOCH						X				X		X									X					
	SOUTHWEST GAS, COMMON STOCK			X							X								X								
	KEYSTONE S-3			X							X								X								
	AMERICAN FUNDS (ICA) MUTUAL FUND			X							X								X								
	SALOMON INVESTMENT FUNDS			X							X										X						
	BANK OF AMERICA					X							X								X						
	PAINE WEBBER - MUNI BONDS (MANDATED						X							X							X						P
	DEAN WITTER IRA (DISTRIBUTION)			X							X		X						X								
	DEAN WITTER KEOGH										X		X							X							
	43941 Afton Terrace TOWNHOUSE-Ashburn, VA						X					X										X					
	43943 Afton Terrace TOWNHOUSE-Ashburn, VA						X					X										X					
	LOTS 115-116, FRYING PAN ROAD			X													X										

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SCHEDULE IV — TRANSACTIONS

Name CARLOW J. MOORHEAD

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	PAINE WEBBER MUNICIPAL BONDS	X			1-29-93				X			

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2702

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	DEL AMO SAVINGS BANK, TORRANCE, CA	CO-SIGNED NOTE FOR SON ON HOME				X			

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ELECTRONIC INDUSTRIES ASSN.	JAN.7-8	WASH.,D.C.-LAS VEGAS-LOS ANGELES	Y	Y	N	N
	EDISON ELECTRIC INST.	JAN. 12	GLENDALE - LA QUINTA - GLENDALE	N	Y	N	N
	SYNTEX USA, INC.	FEB.11-12	LOS ANGELES-MONTEREY-WASH.,D.C.	Y	Y	N	N
	NATIONAL CABLE TV ASSN.	JUNE 5-7	BURBANK-SAN FRANCISCO--MONTEREY-WASH.,D.C.	Y	Y	Y	N
	NATL.AGRI.CHEMICALS ASSN.	SEP.24-26	WEST VIRGINIA (DROVE; NO REIMBURSEMENT)	Y	Y	Y	N
	INDEPENDENT ENERGY PROD.	OCT.10-11	LOS ANGELES - RENO - WASH.,D.C.	Y	Y	N	N
	THE CONGRESSIONAL INSTITUTE	FEB.25-27	WASH.,D.C. - PRINCETON N.J. - WASH. D.C.	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12:36

HAND DELIVERED
(Office Use Only)

3

JAMES P. MORAN, JR.
(Full Name)

205 West Uhler Terrace
(Mailing Address)

Daytime Telephone

Alexandria, VA 22301 703-683-1020

Filer Status	[X] Member of the U S House of Representatives	State Va. Distnct 8th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: James P. Moran

DATE (Month/Day/Year): 5-13-94

2705

Name JAMES P. MORAN, JR. | Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E
SP, DC, JT	Examples:	SP	Mega Corp. Stock			X						X								X								P
			123 Main St., Dover, Del.						X				X										X					
			1st Bank of Peoria, IL accounts				X							X							X							
	McDonald's Corp. stock				X							X							X									

For additional assets and unearned income, use next page.

Name JAMES P. MORAN, JR. Page 3 of 3

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Wright Patman FCU, Washington, D.C.	Line of credit	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 9:51

Constance A. Morella
223 Cannon Building
Washington, D.C. 20515

202-225-5341

Filer Status	☑	Maryland 8	☐
Report Type	☑	☐	☐

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

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SIGNATURE (U.S. Citizen, Resident Alien, Nonresident Alien) Constance A. Morella

May 16, 1994

2708

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	The American University, Washington, D.C.	Spouse Salary	NA
	Hewes, Morella, Gelband & Lamberton, P.C., Washington, D.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Constance A. Morella

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

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BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

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If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
Examples:	123 Main St., Dover, Del.							X				X										X					
Examples:	1st Bank of Peoria, IL accounts					X							X							X							
	Ametek Incorporated Fair Market Value $12,750-										X							X									P
	Bristol-Myers Squibb Co. 11,650-										X								X								
	Computer Data Sys., Inc. 9,125-										X						X										P
	COMSAT CORPORATION 2,975-										X							X									
	GIANT FOOD, Inc. 12,875-										X								X								
	Hechinger Co. 9,750-										X						X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Constance A. Morella

	BLOCK A Asset and/or Income Source	Mkt. Value	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Merck & Co., Inc.	$10,312.50										X								X								P
	Morgan, J.P. & Co., Inc.	13,875 –										X								X								P
	New Plan Realty Trust	22,250 –										X								X								P
	Pfizer Inc.	6,900 –										X							X									
	Storage Tech Pref.	15,800 –										X								X								P
	US X-Marathon Group	8,250 –										X								X								
	US F&G Corp.	7,375 –										X							X									P
SP	Occidental Petrol	5,542 –										X								X								
SP	Hudson Foods, Inc.	10,150 –										X								X								P
SP	Schwab Money Mkt Fund	16,457.12												X						X								
SP	Eastman Kodak	8,178 –										X							X									S
SP	Columbia Gas	9,107 –										X						X										S
	McDermott Intl	9,922 –																										S
JT	Van Kampen Merit				X									X						X								
	MD Nat'l Bank: IRA	29,437 –												X				NA										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Constance A. Morella

	BLOCK A Income Source	BLOCK B Year-End Value of Asset: A $1 - $1,000	B	C $15,001 - $50,000	D	E $100,001 - $250,000	F	G $500,001 - $1,000,000	H	BLOCK C Type of Income: DIVIDENDS		INTEREST		EXCEPTED TRUST	TRUST	BLOCK D Amount of Income: None	I	II $201 - $1,000	III	IV $2,501 - $5,000	V	VI $15,001 - $50,000	VII	VIII $100,001 - $1,000,000	IX	BLOCK E Transaction: P, S, E
SP	MD Nat'l Bank: IRA $30,261 -											X				NA										
	MD State Deferred Comp $34,564 -											X				NA										
	Wright-Patman Credit Union 7,583 -											X					X									
JT	Citizens Bank of MD.		X									X					X									
JT	Bank of Baltimore 5,237 -											X					X									S
SP	TIAA-CREF Retirement Plan 796,688 - (Annuity Benefit)									X		X				NA										
JT	U.S. Savings Bonds			X								X				NA										
	Consumers United Deferred Annuities			X								X				NA										
SP	Consumers United Deferred Annuities			X								X				NA										
JT	607 Twinbrook Pkwy., Rockville, MD				X											NA										
JT	200 Park Terrace Dr., Stoneham, MA															NA										
JT	4014 Dogwood Rd., Port Republic, MD					X										NA										
SP	Stock: Hewes, Morella, Gelband & Lambertson, P.C.			X												NA										

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Ametek Incorporated	X			7-1-93	X						
	Computer Data Sys., Inc.	X			12-28-93	X						
	Hechinger Co.	X			11-18-93	X						
	Merck & Co., Inc.	X			1-25-93	X						
	Morgan, J.P. & Co., Inc.	X			1-25-93	X						
	New Plan Realty Trust	X			7-23-93		X					
	StorageTech Pref.	X			3-5-93	X						
	U.S. F & G Corp.	X			1-25-93	X						
	McDermott Int'l.		X		3-9-93	X						
SP	Hudson Foods, Inc.	X			8-2-93	X						
SP	Eastman Kodak		X		3-9-93	X						
SP	Columbia Gas		X		9-13-93	X						
JT	Bank of Baltimore $5,000 certificate of deposit		X		9-93	X						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute: Russia, Ukraine and U.S. Response Conference (Member participant)	Jan. 9-13	Economy round trip air B.W.I (Baltimore) - Jamaica - BWI	Y	Y	Y	N
	Aspen Institute: U.S. - Eastern Europe Conference (Member participant)	Aug. 22-27	Economy round trip air Wash., D.C. - Warsaw, Poland - Wash., D.C.	Y	Y	Y	N

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SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Capitol College, Laurel, MD

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

(1) MCV

Name Constance A. Morella

RECEIVED 1994 JUN 9 AM 11:48 U.S. HOUSE OF REPRESENTATIVES

RECEIVED 1994 JUN 9 AM 11:49 PSE

HAND DELIVERED

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction
SP	MD Nat'l Bank: IRA $30,261 –												X				NA										
	MD State Deferred Comp $34,564 –												X				NA										
	Wright-Patman Credit Union 7,583 –												X					X									
JT	Citizens Bank of MD.		X										X					X									
JT	Bank of Baltimore 5,237 –												X					X									S
SP	TIAA-CREF Retirement Plan 796,688 – (Annuity Benefit)										X		X				NA										
JT	U.S. Savings Bonds			X									X				NA										
	Consumers United Deferred Annuities			X									X				NA										
SP	Consumers United Deferred Annuities			X									X				NA										
JT	607 Twinbrook Pkwy., Rockville, MD					X											NA										
JT	200 Park Terrace Dr., Stoneham, MA					X											NA										
JT	4014 Dogwood Rd., Port Republic, MD						X										NA										
SP	Stock: Hewes, Morella, Gelband & Lambertson, P.C.			X													NA										

Correction attached CMA 6/9/94

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees.

28 3 24

Austin J. Murphy
699 Maple DR.
Monongahela PA. 15063 202 225 4665
Rm. 20

MC MISC'S MAIL (8)

Filer Status	X
Report Type	X

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes X	No	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	No X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	No X	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes X	No
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes X	No	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	No X
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes X	No	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	No X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes X	No	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes	No X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	No X

CERTIFICATION

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 §104 and 18 U.S.C. §1001).

Signature: Austin J. Murphy April 25 1993

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mon Valley Hospital Rte 88 Monongahela PA. 15063	Spouse Nurses Wages	N/A
	Commonwealth of Penna.	Legislative Pension	$18,503

For payments to charity in lieu of honoraria, use Schedule II.

Austin Murphy 3 8

SCHEDULE [illegible]

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

Name Austin J Murphy

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Examples:	SP	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X						X								X								P
			123 Main St., Dover, Del.							X				X										X					
			1st Bank of Peoria, IL accounts					X							X							X							
Jt	Community Bank Carlisle PA.					X									X						X								
Jt	Robt Evans Mortgage Speers PA					X									X							X							
Jt	Allegheny Power Co.					X							X									X							
Jt	American Electric Power					X							X									X							
Jt	Bell Atlantic					X							X								X								
Jt	Bell South					X							X								X								
Jt	So west Bell					X							X								X								
Jt	NYNEX					X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS	INTEREST	ROYALTIES	EXCEPTED TRUST	CAPITAL GAINS/LIKE TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
Jt	Pacific Telesis		X	X							X								X								
	U.S. West			X							X								X								
Jt	Commonwealth Edison			X							X									X							
Jt	Phila. Electric			X							X									X							
Jt	Penna State Bonds (Municipals)				X								X								X						
Jt	Insured Municipal Trust Fund			X									X							X							
Jt	1st Federal Sav Monongahela IRA				X								X														wife IRA N/A
Jt	Prudential Insurance IRA				X								X				N/A										No income
Jt	Congressional Credit Union				X								X							X							
Jt	Van Kampen Municipal Fund			X									X						X								
	V.A. Insurance			X									X						X								
Jt	Lancaster Municipal Bond			X									X						X								

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SCHEDULE IV — TRANSACTIONS

Name AUSTIN J Murphy | Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
Jt	Philadelphia School Bond (called)		X		7-1-93	X						
Jt	Van Kampen Fund 200 shares		X		9-7-93	X						
Jt	PA Housing Finance State PA Bond		X		10-8-93	X						
Jt.	PA Municipal		X		6-15-93 10-15-93	X						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	U.S. Tobacco Institute	Jan 13-16	Wash D.C. - La Quinta Cal.	Y	Y	Y	N
	National Home Builders	Feb 18-22	Wash D.C. - Las Vegas Nev	Y	Y	Y	N
	Labor Policy Institute	March 12-13	Wash DC - Williamsburg Va	Y	N	N	N
	International Machinist Workers	June 6-7	Wash DC - Solomons Md	Y	N	N	N
	National Federation of the Blind	July 6-8	Wash DC - Dallas Tex	Y	N	N	N
	Industrial Truck Assoc	Oct 15-18	Wash DC - Palm Fla	Y	Y	Y	N
	Giovanni Dechadons	Nov 10-14	Wash DC - San Juan PR	Y	N	Y	N

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SCHEDULE VIII POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees.

1994 MAY 16 PM 3:16

U.S. House of Rep.

JOHN P. MURTHA, JR.

109 COLGATE AVENUE

JOHNSTOWN, PA 15905

Filer Status	X	PA 12TH
Report Type	X	

MC HAND DELIVERED (5)

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCEPTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

Signature
X John P. Murtha

5/09/94

2725

SCHEDULE I

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	CAPITOL FORUM GROUP	SPEECH	JAN. 28, 1993	$1,000
	PRICE WATERHOUSE	SPEECH	MAY 27, 1993	$2,000

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED TRUST	CHANGES IN MARKET VALUE	None	I $200 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X																P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
JT	CHARLES SCHWAB			X														X									
	CONGRESSIONAL F.C.U.			X									X					X									
	WESBANCO, INC.				X						X								X								
	CENWEST NATIONAL BANK			X									X				N/A	-	IRA								
S	CENWEST NATIONAL BANK			X									X				N/A	-	IRA								
S	CONGRESSIONAL F.C.U.		X										X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN P. MURTHA, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	MENTOR GROWTH TRUST, INC.			X										X					X								
S	CENWEST NATIONAL BANK				X								X						X								
S	J. R. FINDEISEN (PARENTS ESTATE)			X									X						X								

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2728

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	FAIRMONT STATE UNIVERSITY (SPEECH)	OCT 15-16	WASHINGTON, DC FAIRMONT, W. VA.	Y	Y	Y	N
	BETHLEHEM STEEL CORPORATION (SPEECH)	DEC 10-11	WASHINGTON, DC NEW YORK CITY	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
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(9)

John Thomas Myers
2372 Rayburn HOB 202-225-5805
Washington, DC 20515-1407

Filer Status	[X] Member, Officer, Candidate, Nominee/Representative, District Indiana 7th	[ ] Other	
Report Type	[X] Annual (May 15)	[ ] Amended	[ ] Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL John Thomas Myers

DATE (Month/Day/Year) 5-13-94

2730

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Bank of Western Indiana	Spouse Directors Fee	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
None			

This page may be copied if more space is required.

Name John Thomas Myers

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A Asset and/or Income Source		Block B Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E Transaction: P, S, E
SP, DC, JT	Examples: SP	Mega Corp. Stock				X						X								X								P
		123 Main St., Dover, Del.							X				X										X					
		1st Bank of Peoria, IL accounts					X							X														
JT	Lilly				X							X							X									
JT	Bank of Western Indiana								X			X										X					
	Covington Service Corp				X							X							X									
	The Fountain Trust Co						X					X									X							
JT	GTE				X							X							X									
JT	IBM				X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Thomas Myers

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Indiana Energy				X						X									X							
JT	Southern Indiana Gas & Elec					X					X										X						
JT	TRW					X					X									X							
JT	WalMart Stores			X							X								X								
JT	Wm Wrigley Co			X							X									X							
JT	Bank of Western Indiana CD's						X						X									X					
	Fountain Co Indiana Farm							X															X				
SP	Oil Royalties Illinois			X							Royalties								X								
JT	Bank of Western Indiana IRA				X								X							X							
JT	American Mutual Ins			X									X					X									
SP	Carruthers Estate				X								X							X							

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SCHEDULE IV — TRANSACTIONS

Name John Thomas Myers

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Indiana Energy	X			Dividend Reinvest	X						
JT	Southern Indiana Gas & Elec	X			Dividend Reinvest	X						
JT	Wm Wrigley Co	X			Dividend Reinvest	X						
JT	WalMart Stores	X			Dividend Reinvest	X						
JT	Indiana Energy 3 for 2 Stock Split	X			10/1/93	X						
	Reinvest Dividend 4 times a year at various times											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Excluded: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Direct Marketing Assn/ Mailers Council	1/23-1/25	Indianapolis, IN- Tucson, AZ Tucson, AZ - Wash., DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 12 PM 4:31

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

MC

(Office Use Only)

Jerrold Lewis Nadler
(Full Name)

315 West 70th Street Apt. 3C
(Mailing Address)

New York, N.Y. 10023

(202) 225-5635
(212) 489-3530
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State New York Distrct 8th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Jerrold Nadler

DATE (Month/Day/Year) 5/12/94

Name Jerrold Lewis Nadler	Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	New York City Department of Housing Preservation and Development	Spouse Salary	NA
	New York State Controller's Office	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

2740

Name Jerrold Lewis Nadler | Page 2 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
Examples:	123 Main St., Dover, Del.							X				X										X					
Examples:	1st Bank of Peoria, IL accounts					X							X							X							
SP	Con Edison	X											X						X								S
SP	Metropolitan Transportation Auth. Bond				X												X										
SP	N.Y.S. Energy Res+Dev. Auth. Bond				X								X							X							
SP	Pacific Tel+Tel (Pacific Bell) Bond	X											X						X								S
SP	N.Y. City Bond				X								X						X								
SP	Smith, Barney, Shearson Daily Dividend Fund			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jarrold Lewis Nadler

Page 3 of 1

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Chemical Bank Account			X									X					X									
DC	New York City Bonds			X									X				X										
DC	Republic National Bank				X								X						X								
DC	Histadrut Charitable Remainder Trust		X										X					X									
DC	U.S Savings Bonds			X													X										

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SCHEDULE IV — TRANSACTIONS

Name Jerrold Lewis Nadler | Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
SP	Con Edison Bonds		X		6/30/93		X					
SP	Con Edison Bonds		X		7/1/93	X						
SP	N.Y.S. Energy Research + Development Auth Bonds		X		10/6/93	X						
SP	Niagara Mohawk Common Stock		X		10/5/93	X						
SP	Northeast Utilities Common Stock		X		10/5/93	X						
SP	Ohio Edison Common Stock		X		10/5/93	X						
SP	Pacific Tel. + Tel. Bonds		X		10/6/93	X						
SP	Southern Company Common Stock		X		10/5/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Congressional Federal Credit Union	Revolving charge account	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Anti-Defamation League		Dec. 29, 1973 – Jan. 6, 1974	N.Y.C. — Israel — N.Y.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, National Governing Council	American Jewish Congress

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 1:48

HAND DELIVERED

(6)

RICHARD E. NEAL
131 CANNON H.O.B.
WASHINGTON, D.C 20515 (202) 225-5601

Filer Status	☒ Member of the U.S. House of Representatives	State MASS District 2ND	☐ Officer or Employee
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Richard E. Neal

DATE (Month/Day/Year): 5/13/94

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Name RICHARD E. NEAL | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	OUR LADY OF HOPE SCHOOL, SPRINGFIELD, MA.	SPOUSE SALARY	14,421

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	CAPITAL FORUM OF WASHINGTON, D.C.	SPEECH	MARCH 8, 1993	$500
	ASSOCIATION OF ADVANCED LIFE UNDERWRITERS, WASH. D.C.	"	MAY 6, 1993	$300
	NATIONAL ASSOCIATION OF LIFE UNDERWRITERS, WASHINGTON, D.C.	"	MAY 11, 1993	$300
	NATIONAL TANK TRUCK CARRIERS, WASH. D.C.	"	JUNE 4, 1993	$300
	SAVINGS BANK LIFE INSURANCE CO., WOBURN, MASS.	"	JUNE 7, 1993	$1,950.00

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Name RICHARD E. NEAL | Page 4 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
	SPRINGFIELD INSTITUTION FOR SAVINGS				X								X						X								
	SPRINGFIELD MUNICIPAL RETIREMENT SYSTEM				X								X					X									

For additional assets and unearned income, use next page.

Name RICHARD E. NEAL | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	BAYBANK	HOME IMPROVEMENT LOAN 36 ATWATER TER. SPRINGFIELD		X					
	LUDLOW SAVINGS	HOME IMPROVEMENT LOAN 36 ATWATER TER SPRINGFIELD	X						
		* NOTE – BOTH LOANS FOLDED INTO PRINCIPLE MORTGAGE IN SEPTEMBER 1993							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A	N/A	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
CAMPBELL-RAUPE CONGRESSIONAL SEMINAR		JULY 2-4	HYANNIS, MASS NO TRAVEL PROVIDED	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FOR HUMAN RESOURCES USE ONLY
Filing for Members, officers, and employees

RECEIVED
1994 MAY 16 PM 4:52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Stephen Lybrook Neal

1001 Wellington Road

Winston-Salem, North Carolina 27106

202-225-2071

Filer Status	X	N.C. 5th
Report Type	X	

mc HAND DELIVERED (11)

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

Steve Neal

05-16-94

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Name Stephen Lybrook Neal	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Washington Life	Spouse Salary	NA
	Greensweep	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

2754

SCHEDULE [illegible]

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Commercial Finance Association, NY, NY	Speech	May 11, 1993	$1,000
	Institute of International Bankers, NY, NY	Speech	Sept. 27, 1993	$2,000

Name Stephen Lybrook Neal | Page 4 of 11

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Smith Barney Mutual Funds					X					X										X						
	Media General			X							X								X								
	MMM			X							X								X								
	North Carolina Bonds						X						X										X				
	Quaker Oats				X						X									X							
	Wachovia Money Market Account			X									X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Stephen Lybrook Neal

Page 5 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	COLL. REG. BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Vanguard Index Trust					X					X									X							
	Harold Drilling			X							X								X								
	Alliance MMF					X							X									X					
	4187 Patterson Ave., Winston-Salem,NC						X					X											X				
	IRA - Wachovia Bank & Trust Co.			X																							
S	American Home Products			X							X								X								
S	Boeing Co.			X							X							X									
S	Bristol Myers Squibb			X							X								X								
S	Coca Cola Co.			X							X							X									
S	Corning Inc.			X							X							X									
S	Walt Disney Co.			X							X							X									
S	Dun & Bradstreet			X							X							X									
S	Exxon Corp.			X							X								X								
S	Federal Nat'l Mtg. Assn.			X							X							X									
S	Johnson & Johnson			X							X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Stephen Lybrook Neal

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
S	Eli Lilly & Co.			X							X							X									
S	Merck & Co. Inc.			X							X								X								
S	Pall Corp.	X		X							X							X									
S	Rubbermaid Inc.			X							X							X									
S	UpJohn Co.	X		X							X							X									
S	Wastement Inc.			X							X							X									
S	Vanguard Index Trust			X							X								X								
S	Proctor & Gamble			X							X							X									
S	Alliance Fund			X									X							X							
S	IRA - Wachovia Bank & Trust Co.			X																							
S	Hechinger			X							X							X									
S	IBM			X							X							X									
S	New York Times			X							X							X									
S	Claxo			X							X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Stephen Lybrook Neal

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Fisher Price			X							X																
	Fisher Price - Bond Matured				X						X																
S	American Express			X							X																
S	WMX			X							X																

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
S	American Express		X		02-05-93	X						
S	Pall Corp.		X		08-16-93	X						
S	WMX		X		11-12-93	X						
S	UpJohn		X		11-12-93	X						
S	Alliance Money Market Fund	X			11-12-93	X						
	Fisher Price		X		08-20-93	X						
	Fisher Price - Bond Matured		X		08-20-93		X					
	Alliance Money Market Fund	X			08-20-93			X				

(Note: To avoid the possibility of even the appearance of any conflict of interest I've invested the money I earned before being elected to Congress almost entirely in either broad based mutual funds or North Carolina Bonds. The one exception was Quaker Oats which I bought several years ago. I thought it would be a good investment because they are the major supplier of oats and it was discovered oats help lower cholesterol. (The MMM was a gift from my mother.) I have spent almost no time on personal investments or personal business of any kind, as can easily be seen since investments have barely changed from year to year.)

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Name Stephen Lybrook Neal | Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Southern National Bank, Winston-Salem, N.C.	Mortgage on 4187 Patterson Ave., Winston-Salem, N.C.				X			
	Household Services Corp.	Mortgage on 7913 Lewinsville Road, McLean, VA			X				

SCHEDULE [illegible]

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

[illegible] spaces required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NA		---	--	---	---	---	---

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Name Stephen Lybrook Neal | Page 11 of 11

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Z. Smith Reynolds Foundation
Board Member	University of Wake Forest Board of Visitors

[illegible]

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(13)

Eleanor Holmes Norton

10 Ninth Street, S.E.

Washington, DC 20003 DC 202.225.8050

Filer Status	X	
Report Type	X	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

Eleanor H. Norton

5/16/94

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Georgetown University	Approved Teaching Fee	$3,208
	Pitney Bowes (This item not subject to limit on outside earned income)	Retirement Fee	$12,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Congressional Federal Credit Union					X							X							X							
	Oakter Associates, L.P.	X									Partnership Income								X								
	Intergen Investors, Ltd.				X						Partnership Income								X								
	Rittenhouse Square Associates				X						Partnership Income						X										
	Star Partners II, Ltd.			X							Partnership Income							X									
	Boston Capital Private Tax Credit Fund				X						Partnership Income						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
DC	American Cable TV Investors IV			X													X										
	Romeo, MI Community School Dist.*			X									X					X									P
	Cook County, IL School Dist.*			X									X					X									P
	LG&E Energy Corp.*			X													X										P
	Washington Gas Light Co.*			X													X										P
	New York Venture Fund *				X						X			X					X	X							P
	*Purchased with proceeds from inheritance																										
Resources Trust IRA	RTC Cash Account		X								INCOME YET TO BE DERIVED																
	High Equity Partners Series 85			X																							
	American Cable TV Investors IV			X																							
	Resources Accrued Mortgage Investment Series 86		X																								
	High Equity Partners Series 86			X																							
	Technology Funding Venture Part. IV			X																							
	Sunamerica Growth Fund Class A (Same as Sunamerica Growth Portfolio)			X																							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

Page 5 of 9

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P	S	E
RESOURCES TRUST QUALIFIED PLAN	RTC Cash Account		X																										
	Synthetic Industries, L.P.				X																								
	American Cable TV Investors III			X																									
	High Equity Partners Series 85			X																									
	Resources Accrued Mortgage Investors Series 86			X																									
	Westmed 1 LP			X																									
	Roter Tool LP				X																								
	Star Partners II, LTD.			X							INCOME YET TO BE DERIVED																		
	Technology Funding Venture Part. IV			X																									
	MC Bottlers LP				X																								
	Technology Funding Venture Part IV				X																								
	Equus II, Inc.			X																									
	MFS Emerging Growth Fund Class B				X																							P	
	Pasadena Growth Fund	X																										S	
	TIAA CREF					X					INCOME YET TO BE DERIVED																		

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Eleanor Holmes Norton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P S E
	MFS Regatta Gold Fixed/Variable Annuity (Rollover of eligible TIAA-CREFF Funds)				X						INCOME YET TO BE DERIVED																

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SCHEDULE IV — TRANSACTIONS

Name Eleanor Holmes Norton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Pasadena Growth Fund		X		10-18-93		X					
	MFS Emerging Growth Fund Class B	X			10-12-93 10-20-93	X	X					
	Romeo Michigan Community School District	X			11-05-93	X						
	Cook County, Illinois School District	X			11-05-93	X						
	LG&E Energy Corp.	X			11-05-93	X						
	Washington Gas Light Co.	X			11-05-93	X						
	New York Venture Fund	X			11-08-93		X					

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Detroit Area Assn of Black Orgs.	Feb. 28	Wash DC - Detroit - Wash DC	N	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	See Exhibit

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
03-15-93	Georgetown University	Extended leave of absence from position as professor of law from March 15, 1993 to June 30, 1995 (Renegotiated agreement made originally in 1990) Part-time faculty appointment to teach a seminar in 1993-94 academic year (See attached letter of approval from Committee on Standards of Official Conduct and Letter of Agreement from Georgetown University Law Center)

Use additional sheets if more space is required.

Eleanor Holmes Norton
Financial Disclosure Statement for Calendar Year 1993
Exhibit
Schedule VIII, Positions

Position	Name of Organization
Professor of Law*	Georgetown University
Vice Chair	Americans for Democratic Action
Member of the Board	A. Phillip Randolph Institute
Member of the Board	Center for Budget and Policy Priorities
Member	Citizens Commission on Civil Rights
Member	Council on Foreign Relations
Member of the Board	Economic Policy Institute
Member of the Board	Environmental Law Institute
Member of the Board	Lawyers Committee for Civil Rights Under Law
Trustee	Martin Luther King, Jr. Center for Social Change
Chair	Women's Law and Public Policy Fellowship Program
Member of the Board	Work in America Institute
Chair	Workplace Health Fund
Member of the Board of Counsellors	YMCA of the USA

* on extended leave of absence March 15, 1993-June 30, 1995, teaching seminar during 1993-94 academic year (see Schedule VIII and attached letters from Committee on Standards of Official Conduct and Georgetown University)

JIM McDERMOTT, WASHINGTON, CHAIRMAN
GEORGE (BUDDY) DARDEN, GEORGIA
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
EDWARD MFUME, MARYLAND
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO

FRED GRANDY, IOWA
NANCY L. JOHNSON, CONNECTICUT
JIM BUNNING, KENTUCKY
JON L. KYL, ARIZONA
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

BERNARD RAIMO, CHIEF COUNSEL

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT
SUITE HT-2, THE CAPITOL
WASHINGTON, DC 20515-6328
(202) 225-7103

May 5, 1993

The Honorable Eleanor Holmes Norton
U.S. House of Representatives
1415 Longworth House Office Building
Washington, DC 20515

Dear Colleague:

This is to notify you of Committee approval of your request of April 29, 1993, to teach for compensation at Georgetown University Law Center.

You explain that no official resources will be used to meet your teaching obligation, nor do you believe that it will conflict with your congressional responsibilities. Enclosed with your letter is correspondence from Judith Areen, Dean of Georgetown University Law Center.

On April 24, 1991, this Committee issued guidelines on teaching for compensation by Members and senior staff. We believe that your proposed teaching arrangement is consistent with these requirements.

Your teaching compensation is subject to the 15 percent outside earned income limit of House Rule XLVII. For 1993, that limit is $20,040. The income also must be reported on your annual Financial Disclosure Statement.

If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Jim McDermott
Chairman

Fred Grandy
Ranking Minority Member

JS:lrs

GEORGETOWN UNIVERSITY LAW CENTER

Office of the Dean

March 15, 1993

The Honorable Eleanor Holmes Norton
U.S. House of Representatives
1415 Longworth House Office Building
Washington, D.C. 20515

Dear Eleanor:

I am delighted that you have agreed to teach a seminar at the Law Center during the 1993-94 academic year. This letter confirms the terms of your faculty appointment.

As we discussed by phone, Georgetown University's faculty leave policy does not allow for your return to active faculty status while you hold a full-time position. Father O'Donovan and I have agreed to extend your leave from the full-time faculty for two years, that is through June 30, 1995. After that date, any further extensions will need to be approved on a year-by-year basis as provided in the University's faculty leave policy.

Your seminar will be offered as part of the regular J.D. program of instruction at the Law Center. Students will receive regular credit toward their law degrees for their attendance and participation in your seminar.

The seminar is scheduled for Mondays, from 3:30-5:30 p.m., and will meet on alternate weeks for the entire academic year, for a total of fourteen two-hour class sessions. Your responsibilities will include class preparation and the evaluation of student papers.

Your salary will be $7,700, which will be paid out of Law Center operating funds. No federal funds will be devoted to your salary. The compensation you will receive does not exceed the salary the Law Center pays to those whose professional qualifications are similar to yours and who provide a comparable level of instruction and amount of work. Barbara Duncan, administrative officer in charge of Law Center payroll, will contact you regarding arrangements for payment.

As we agreed, you will be able to hire a student research assistant during the summer of 1993 to assist you in preparation of the seminar materials. The student will be paid out of Law Center operating funds.

600 New Jersey Avenue NW Washington DC 20001
202-662-9030

We understand that you have reviewed the terms of this appointment with House Ethics Committee counsel and have satisfied yourself that, by accepting this appointment and the remuneration associated with it, you are not violating the terms of the Ethics in Government Act or related regulations or guidelines.

Enclosed is a copy of the 1993-94 Law Center academic calendar. If you have any questions about the scheduling of your course, please contact Assistant Dean Carol O'Neil at (202) 662-9041.

Finally, let me say again how happy we all are that Law Center students will once again benefit from your fine teaching.

Sincerely,

Judith Areen
Dean

Enclosure

cc: Leo J. O'Donovan, S.J.

Understood and accepted.

_____ Date _____
ELEANOR HOLMES NORTON

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 10: 30

HAND DELIVERED

4

Jim Nussle

308 Cannon House Office Building 202-225-2911

Washington, D.C. 20515

Filer Status	X	Member of the House of Representatives	Iowa (IA) Second
Report Type		Annual (May 15)	Amendment

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes X	No	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	No X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes	No X	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes X	No
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes X	No	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	No X
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	No X	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	No X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes	No X	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes	No X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	No X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jim Nussle

DATE: 5-13-94

2777

Name	Jim Nussle	Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	St. Lukes Hospital, Cedar Rapids, Iowa	Spouse Salary	N/A
	Delaware County Memorial Hospital, Manchester, Iowa	Spouse Salary	N/A
	Kirkwood Community College, Cedar Rapids, Iowa	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

2778

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock			X						X								X								P
			123 Main St., Dover, Del.						X				X															
			1st Bank of Peoria, IL accounts				X							X														
JT	Farmers & Merchants Bank - Checking			X										X					X									
JT	Kemper Financial Group Money Market				X									X						X								
JT	U.S. Savings Bonds				X									X				X										
DC	U.S. Savings Bonds				X									X				X										

For additional assets and unearned income, use next page.

2779

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Institute, Inc Annual Republican Planning Meeting	Feb. 25-27	Wash., DC-Princeton, NJ-Wash., DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 4:21
U.S. HOUSE OF REPRESENTATIVES

James Louis Oberstar

2366 Rayburn House Office Building

Washington, D.C. 20515 202-225-6211

Filer Status	X	Minnesota 8
Report Type	X	[ ]

9

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	X	

CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: James L. Oberstar DATE: May 13, 1994.

2781

Name James Louis Oberstar	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Kurth & Company, Inc., Washington, D.C.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	Examples: 123 Main St., Dover, Del							X				X										X					
JT	Examples: 1st Bank of Peoria, IL accounts					X							X							X							
	Congressional Fed. Credit Union					X							X							X							
	Chevy Chase Bank (IRA)			X									X				N.A.										
DC	Congressional Credit Union (IRA)			X									X				N.A.										
DC	Chevy Chase Bank					X							X						X								
DC	Chevy Chase Bank (IRA)			X									X				N.A.										

For additional assets and unearned income, use next page.

2783

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Louis Oberstar

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	AES Corporation				X						X								X								
SP	American Telephone & Telegraph				X						X								X								
SP	Bear Stearns Cos., Inc. (Stock)				X						X								X								
SP	Carlisle Plastics Inc., Class A				X						X						X										
SP	IRT Property Co.				X						X									X							
SP	ITT Corp.				X						X								X								
SP	Mesa Airlines, Inc.					X					X						X										
SP	Pharmaceutical Resources, Inc.					X					X						X										
SP	Rex Stores Corp.				X						X						X										
SP	Texas Utilities Co.				X						X									X							
SP	Thomson Advisory Group Limited Partnership					X					Partnership Income										X						
SP	Union Carbide Corp.				X						X						X										
SP	Safeway Inc., Senior Subordinated Debentures				X								X							X							
SP	Prudential Securities Command Money Fund				X						X									X							

This page may be copied if more space is required.

2784

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Louis Oberstar

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	50% Interest 2402 37th St., NW, Wash., DC					X						X										X					
SP	Kemper High Yield Fund			X							X								X								
SP	Kemper Short Term Global Fund	X									X											X					
SP	Kemper High Yield Fund						X				X										X						
SP	Kemper Money Market Fund			X							X								X								
SP	Pilgrim Group					X					X											X					
SP	Vista Growth & Income					X					X									X							
DC	Prudential Money Market Asset			X							X								X								
SP	Paine Webber Cash Funds				X						X								X								
SP	IRA - Prudential Securities:																										
	1. CAT NTL Money Fund			X							X							X									
	2. IRT Property Co.			X							X								X								
	3. Prudential Money Market			X							X								X								
	4. Thomson Advisory Group			X							Partnership Income								X								

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Louis Oberstar

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Kurth & Company, Inc.							X									X										
SP	Sumner/Lerner Limited Partnership				X								X				X										
SP	Kurth & Co., Money Purchase Plan Retirement Fund							X			N.A.							N.A.									
SP	Kurth & Co., Defined Benefit Plan, Retirement Fund							X			N.A.							N.A.									
DC	US Government Savings Bonds			X									X					None cashed									
DC	Arnet Bonds				X								X					None cashed									
SP	Kurth ByPass Trust	Exempt spouse holdings									X	X	X														
SP	Kurth QTIP A Trust	Exempt spouse holdings									X	X	X														

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
SP	Advanced Micro Devices		X		12/21/93		X					
SP	AES Corporation	X			12/27/93	X						
SP	Rex Stores Corp.	X			12/27/93		X					
SP	Union Carbide Corp.	X			12/27/93		X					

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Huntington (WVa) Area Development Corp.	July 2	Wash., DC-Charleston, WVa.-Wash., DC	N	Y	N	N
McKinsey & Company, Inc.	Sept. 19	Minneapolis, MN-Chicago-Wash., DC	N	Y	N	N
Intl Management and Development Institute	Dec. 7-9	Paris-London-Paris	Y	Y	Y	N (Paid own & spouse air fare to/from Europe.)
First Flight Society	Dec. 17	Wash., DC-Raleigh, NC	N	Y	Y	N
Embry Riddle Aeronautical University	Dec. 17-19	Raleigh, NC-Daytona, FL Wash., DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board Member-Honorary	George Washington University Medical Center, Cancer Center Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mec)

Use additional sheets if more space is required.

JAMES L. OBERSTAR
8TH DISTRICT, MINNESOTA
2366 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-2308
(202) 225-6211

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
CHAIRMAN
SUBCOMMITTEE ON AVIATION
FOREIGN AFFAIRS

Congress of the United States
House of Representatives
Washington, DC 20515-2308

DISTRICT OFFICES
BRAINERD CITY HALL
501 LAUREL STREET
BRAINERD, MN 56401
(218) 828-4400
CHISHOLM CITY HALL
316 LAKE STREET
CHISHOLM, MN 55719
(218) 254-5761
231 FEDERAL BUILDING
DULUTH, MN 55802
(218) 727-7474
ELK RIVER CITY HALL
13065 ORONO PARKWAY
ELK RIVER, MN 55330
(612) 241-0188

May 18, 1994

INSIDE MAIL

1

MC

RECEIVED
1994 MAY 23 AM 11:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Honorable Donnald K. Anderson
Clerk
U.S. House of Representatives
Washington, D.C. 20515

Dear Donn:

After filing my 1993 Financial Disclosure Statement I realized that I inadvertently neglected to check the following boxes under Schedule III - Assets and "Unearned" Income for:

Kurth ByPass Trust, Block D, Column V
Kurth QTIP A Trust, Block D, Column VI

Please consider this an amendment to my filing.

Sincerely,

James L. Oberstar

James L. Oberstar, M.C.

JLO/jkb

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

FILE OF THE CLERK
1994 MAY 13 PM 1:25
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED (4)

David R. Obey

2462 Rayburn House Office Building, Washington, D.C. (202) 225-3365

Filer Status	[X] Member of Congress / House of Representatives District	Wisconsin 7th	[ ]
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year)
May 12, 1994

2791

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David R. Obey

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X					X								X								P
			123 Main St., Dover, Del.						X				X															
			1st Bank of Peoria, IL accounts					X						X														
SP	Fidelity Trust Co. (IRA Rolled Over From Riggs National Bank of Virginia IRA)					X								(IRA)							N/A							
SP	Ameribank (IRA Rolled Over From Riggs National Bank of Virginia IRA)				X									(IRA)							N/A							
DC	Wright-Patman Congressional Federal Credit Union (Wash., D.C.)					X								X						X								
DC	Crestar Bank of Virginia				X									X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David R. Obey

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	U.S. Savings Bond Series EE (Was a gift from relative to spouse)			x													(No income yet derived)										

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Aspen Institute/Carnegie Foundation (International Seminar on Russia with American and European political leaders)	Jan. 9-13	Wash., D.C. - Montego Bay, Jamaica - Wash., D.C.	Y	Y	Spouse	N
United Israel Appeal (Guest Speaker at event honoring former Congressman William Lehman)	Jan. 31-Feb. 1	Wash., D.C. - West Palm Beach, FL-Wash., D.C.	N	N	Spouse	N
AT&T (Panelist on a NAFTA Summit Conference sponsored by Wisconsin's Business Roundtable -Appeared at request of the Governor's Office)	Mar. 21-22	Duluth, MN-Madison, WI-Wash., D.C.	Y	N	N	N
Reader's Digest (Provided transportation to participate in Laird Youth Leadership Conference)	April 26	Stevens Point, WI-Wash., D.C.	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 11 PM 1:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC NO DELIN ERRO (7)

John W. Olver

Box 28, Amherst, MA 01004 (413)256-6643

Filer Status	[x] Member of the U.S. House of Representatives — State: MA, District: 01	[ ] Officer or Employee — Termination Date
Report Type	[x] Annual (May 15)	[ ] Amendment [ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL John W. Olver DATE (Month/Day/Year) 11 May 94

2795

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Amherst College, Amherst, MA	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

2796

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None (A)	$1 – $1,000 (B)	$1,001 – $15,000 (C)	$15,001 – $50,000 (D)	$50,001 – $100,000 (E)	$100,001 – $250,000 (F)	$250,001 – $500,000 (G)	$500,001 – $1,000,000 (H)	Over $1,000,000 (I)	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None (I)	$1 – $200 (II)	$201 – $1,000 (III)	$1,001 – $2,500 (IV)	$2,501 – $5,000 (V)	$5,001 – $15,000 (VI)	$15,001 – $50,000 (VII)	$50,001 – $100,000 (VIII)	$100,001 – $1,000,000 (IX)	Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	AMCAP Fund, Inc.			X							X								X								
JT	Carlyle Real Estate Limited Partnership			X									X	X					X								
JT	Daily Cash Accumulation Fund			X							X							X									
JT	Canada Southern Petro LTD			X													X										
JT	33 Myrtle St.Boston,MA 02108(condo) 120 acres-unimproved land					X						X										X					
JT	117 Central St, Plainfield, MA					X																					

For additional assets and unearned income, use next page.

2797

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John W. Olver

BLOCK A		BLOCK B Year-End Value of Asset								BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E Transaction
Type	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	OVER $1,000 FROM TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
JT	27 acres-unimproved land Buffam Road, Pelham, MA					x																					
JT	45 acres-unimproved land No. Valley Road, Pelham, MA				x																						
	25 acres-unimproved land Beachlake, Berlin Township, PA				x																						
	Mass. State Employee Pension					x																	x				
S	Part interest in a home 29 Valley Lane, Amherst, MA																										x

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
SP	Part interest in a home:29 Valley Lane, Amherst, MA		x		15 Jul 93			x				

This page may be copied if more space is required.

2799

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Fleet Bank (successor to Heritage Bank for Savings) One Monarch Pl. Springfield, MA 00114	Mortgage at: 33 Myrtle Street,#2 Boston, MA			x				
	Fleet Bank, One Monarch Place Springfield, MA 00114	Home Equity loan at: 1333 West St. Amherst, MA			x				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

2800

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	ADA, 145 Tremont Street, Boston, MA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
14 June 91	Mass. State Employee Life Insurance Program	*Continuing benefits as a former state employee.
14 June 91	Mass. State Employee Retirement Program	Retirement effective: 20 November 1992

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 2:22

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

8

Solomon Porfirio Ortiz

2136 Rayburn House Office Building

Washington, D.C. 20515 202/225-7742

Filer Status	[X] Member of Congress / House of Representatives District Texas 27	[ ] Officer or Employee	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) 5/13/94

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Solomon P. Ortiz [redacted]

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
Examples: SP	Mega Corp. Stock				X						X																P
DC	123 Main St., Dover, Del.							X				X															
JT	1st Bank of Peoria, IL accounts					X							X														
	Cong. Federal Credit Union - Cert.			X									X					X									
	Cong. Federal Credit Union - Accounts			X									X					X									
	1250 4th St., SW #511, Wash, DC					X						X										X					
	The Equitable Company - stock			X							X							X									P
	Equivest Qualified IRA				X								N/A							N/A							
	Equivest Non-qualified IRA				X								N/A							N/A							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Solomon P. Ortiz

[redacted]

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
	None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST OR QUALIFIED BLIND TRUST	None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	P, S, E
Alliance Conservative Investors Fund			x							x							x								
Amtex Inc., Corpus Christi, TX -stock				x						x										x					
Unimproved Lots, Robstown, TX			x									N/A			x										
Arneson, Kercheville - San Antonio																									
--Patriot Select Divid Trust Co.			x							x							x								
--Municipal Income Oppor. Trust II			x									x					x								
--Nuveen TX Quality Income Mun. Fund				x								x						x							
--Westlaco TX Wtr & Swr - bond			x									x					x								
--Waco TX Ctfs Oblg Tax & Rev -bond			x									x					x								
--Garland TX Util Sys Rev - bond			x									x					x								
--Southwest TX St Unv Revs - bond			x									x					x								
--Tarrant Co. TX Hlth Fac Dev -bond			x									x					x								
--Lower Colo Riv Auth TX Rev - bond			x									x					x								
--Tuesday Morning Corp. - stock	x											N/A					N/A								P,S
--Forest Oil Company - stock			x									x			x										P

This page may be copied if more space is required.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Solomon P. Ortiz

P [redacted]

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B [redacted]	C $15,001 – $50,000	D [redacted]	E $100,001 – $250,000	F [redacted]	G $500,001 – $1,000,000	H [redacted]	BLOCK C Type of Income: DIVIDENDS	[redacted]	INTEREST	[redacted]	EXCEPTED TRUST	[redacted]	BLOCK D Amount of Income: None	I [redacted]	II $201 – $1,000	III [redacted]	IV $2,501 – $5,000	V [redacted]	VI $15,001 – $50,000	VII [redacted]	VIII $100,001 – $1,000,000	IX [redacted]	BLOCK E Transaction: P, S, E
Seaside Villa Condo, 1/2 owner -- Corpus Christi, TX			x								N/A				x										
Villa Del Sol Condo - Corpus Christi			x							x										x					
4601 Carmen Ave., #2104 - 1/2 owner -- Rancho Viejo, TX			x								N/A				x										
American Capitol Pace Fund - IRA			x								N/A								N/A						
Southern Pacific Thrift & Loan - CD			x								x							x							P

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SCHEDULE IV — TRANSACTIONS

Name Solomon P. Ortiz [redacted]

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10–12–93		X					
	Equitable Short Term World Fund		x		07/16/93	x						
	Alliance Conservative Investors Fund	x			07/16/93	x						
	The Equitable Company - stock	x			07/06/93	x						
	Forest Oil Company - stock	x			09/15/93	x						
	Tuesday Morning Corporation -stock	x			07/13/93	x						
	Tuesday Morning Corporation - stock		x		09/08/93	x						
	Southern Pacific Thrift and Loan - CD	x			03/22/93		x					

This page may be copied if more space is required.

Name Solomon P. Ortiz [redacted]

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Alliance Mortgage, Charlotte, NC	Mortgage on 1250 4th St., SW			x				
	American Bank, Corpus Christi, TX	Mortgage on Villa Del Sol Condo		x					
	Int'l Bank of Commerce, Brownsville, TX	Mortgage on 4601 Carmen Avenue		x					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

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Name Solomon P. Ortiz [redacted]

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Port of Brownsville	01/13/93	Corpus-Mexico City-Corpus	N	Y	N	N
Chinese National Association of Industry and Commerce	04/04/93 - 04/10/93	Washington, DC - Taipei Washington, DC	Y	Y	N	N
Port of Brownsville	05/30-06/3	Corpus-Stuttgart-Corpus	Y	Y	N	N
Chinese National Association of Industry and Commerce	08/22/93- 08/29/93	Corpus Christi - Taipei - Corpus Christi	Y	Y	N	N
American Logistics Association	09/23/93- 09/27/93	Drove to Norfolk, VA from Wash, DC and Back (96 hrs)	Y	Y	N	N
American Logistics Association (transportation and food for daughter only, one meal for myself)	10/29/93- 10/31/93	Corpus Christi- Nashville- Corpus Christi	N	Y	Y	N

* I was on official travel status with the Army

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Name	Solomon P. Ortiz	[redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Amtex Security Inc. - Corpus Christi, TX

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 11 AM 10: 17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

6

(Full Name)
William Harvey Orton

(Mailing Address)
1122 Longworth HOB, Washington, DC 20515

(Daytime Telephone)
(202) [illegible] 7751

Filer Status	[XX] Member of the U.S. House of Representatives	State Utah District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XX]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: William H. Orton

DATE (Month/Day/Year): May 10, 1994

2810

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: William Harvey Orton [redacted]

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	First Interstate Bank (accounts)					X							X								X						
	America First Credit Union (account)		X										X					X									
	Silver Screen Partners (stock)			X							X		X							X							
	Dean Witter, managed fund		X								X								X								
	Wright Patman Credit Union					X							X							X							
	Tax Training Institute, Inc. wholly owned sub-S corporation				X						X		X				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Harvey Orton [redacted]

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	House: 3086 E. Meadow Dr., Provo, UT						X					X								X							
	Cash Value Insurance, The Principal Group			X							X																
	Accounts receivable: law practice		X								Accounts receivable																
	Personal loan: Tony Johnson		X										X				XX										
	Personal loan: Orton for Congress			X									X						X								
	Personal loan: Lisa Lowe		X										X				X										
	Orton Properties (partnership) see below																										
	Farm Avon, Utah						X					X								X							
	House and Farm--600 E 2100 N North Ogden, Utah					X						X							X								
	Farm Land and Barn-- 550 E 2100 N, North Ogden, Utah			X								X						X									
	Duplex-- 489-491 W 1800 N, Provo, Utah					X						X							X								
	Certificate of Deposit First Interstate Bank						X						X							X							

This page may be copied if more space is required.

Name William Harvey Orton [redacted]

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	First Security Bank	Mortgage on House; 3086 Meadow Dr., Provo, Utah				X			
	Crossland Mortgage	Mortgage on Duplex 489-491 W 1800 N, Provo, Utah			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name William Harvey Orton [redacted]

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Real Estate Tax Institute	Feb.25-Marl	Wash.,DC-Ft.Lauderdale-Wash	Y	Y	N	N
	Western Independent Bankers	Oct.14-15	Wash.,DC-Phoenix-Salt Lake	Y	Y	N	N

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Name William Harvey Orton [redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Great Western Trail Foundation (501(c)(3)organization) -- uncompensated position

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 3:51

U.S. HOUSE OF REPRESENTATIVES

Michael Garver Oxley

2233 Rayburn House Office Building (202)225-2676

Washington, D.C. 20515

MC

11

Filer Status	X	Ohio 4th	
Report Type	X		

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature] 5/15/94

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Name OXLEY	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Weichert Realtors	Spouse Commissions	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II - PAYMENTS

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
U.S. Tobacco, Inc.	Participation in Charity Event	January 8-10, 1993	$ 1,000
United States Telephone Association	Speech	February 16, 1993	$ 1,000
Washington Campus	Speech	February 23, 1993	$ 500
Securities Industry Association	Speech	March 17, 1993	$ 2,000
Smokeless Tobacco Council	Participation in Charity Event	May 24, 1993	$ 1,000
National Cable T.V. Association	Seminar Participant	June 6, 1993	$ 1,500
Fannie Mae	Speech	October 5, 1993	$ 2,000

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name OXLEY | Page of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	(not self directed) The Ohio Bank - Keough Plan			X									X				N/A										
	Wright Patman Fed. Credit Union			X									X						X								
	Bank One		X										X						X								
	Northwestern Mutual Life - IRA				X								X				N/A										
	Nation's Bank, VA			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OXLEY

Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	P, S, E
	N/A																									

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SCHEDULE IV — TRANSACTIONS

Name	OXLEY	Page	of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	N/A												

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Name	OXLEY	Page	of

SCHEDULE V LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name	OXLEY	Page	of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
* see attached							

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FINANCIAL DISCLOSURE TRIP LISTING 1993

November 14 - November 15, 1993	Prudential Securities New York City, NY R/T air fare for member DCA/NY/DCA Meals and lodging Securities High Technology Conference Speaker
November 4 - November 7, 1993	Interstate Natural Gas Association Charleston, SC R/T air fare for member & wife DCA/Charleston, SC/DCA Meals and lodging Energy Panel Participant
September 3, 1993 to September 4, 1993	Grocery Manufacturers Association New York City, NY R/T air fare for member & wife DCA/NYC/DCA Meals and lodging/transportation Luncheon meeting participant
September 9 - September 12, 1993	Sugarloaf Fall Charity Classic Golf & Tennis Tournament Carrabassett Valley, ME R/T air fare for member & wife DCA/Philadelphia/Portland/Philadelphia/DCA Meals and lodging
August 21 - August 25, 1993	Jerry Ford Charity Golf Invitational Meals and lodging Charity Golf Event Vail, CO
December 2 - December 20, 1993	Far East Studies Institute Foreign Exchange Delegation Trip (MECEA) Tokyo, Beijing, Hong Kong, Bangkok R/T air fare for member & wife Meals and lodging

DISCLOSURE (continued)

August 21 - August 29	Danny Thompson Memorial Golf Tournament R/T Air fare for member & wife Dulles/Denver/Salt Lake City/Dulles Meals and lodging for member & wife Charity Golf Event Sun Valley, ID (4 days not at sponsor's expense)
July 16 - July 18, 1993	The Cooperstown Conference Hot Springs, VA lodging & meals for member & wife Energy Conference Participant
July 8 - July 10, 1993	United States Telephone Association Meals and lodging for member & wife Telecommunications Roundtable Leadership Meeting Greenbrier/White Sulphur Springs, WV
June 4, 1993	Anizter Technologies Cable Group Meal and lodging for member Monterey, CA Telecommunications Dinner Speaker
June 4 - June 7, 1993	National Cable Television Associaton San Francisco, CA R/T air fare for member Dulles/San Francisco/Monterey/San Francisco/ Dulles Meals and Lodging for member & wife Cable Conference Participant (1 day not at sponsor's expense)
May 21, 1993	Ameritech Chicago, IL R/T air fare and meals for member DCA/Chicago/DCA Luncheon telecommunications speech
January 8 - January 10, 1993	Jack Africk Corporation Charity Classic Boca Raton, FL R/T air fare for member & wife DCA/Boca Raton/DCA Charity Golf Event
February 25 - February 27, 1993	Congressional Institute Retreat Princeton, NJ Meals and lodging for member

Name OXLEY	Page of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

(11)

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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

Michael Garver Oxley

2233 Rayburn House Office Building (202)225-2676

Washington, D.C. 20515

Filer Status	[X] Member of the House of Representatives District: Ohio 4th		[ ] Nominee	[ ] Employee
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month Day Year) 6/10/94

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Name OXLEY	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Weichert Realtors	Spouse Commissions	N/A

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C	Speech	Feb 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	U.S. Tobacco, Inc.	Participation in Charity Event	January 8-10, 1993	$ 1,000
	United States Telephone Association	Speech	February 16, 1993	$ 1,000
	Washington Campus	Speech	February 23, 1993	$ 500
	Securities Industry Association	Speech	March 17, 1993	$ 2,000
	Smokeless Tobacco Council	Participation in Charity Event	May 24, 1993	$ 1,000
	National Cable T.V. Association	Seminar Participant	June 6, 1993	$ 1,500
	Fannie Mae	Speech	October 5, 1993	$ 2,000

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name OXLEY | Page of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BOND TRUST	None	I $201 – $1,000	II $1,001 – $2,500	III $2,501 – $5,000	IV $5,001 – $15,000	V $15,001 – $50,000	VI $50,001 – $100,000	VII $100,001 – $1,000,000	VIII Over $1,000,000	IX	P, S, E
SP	Examples: Mega Corp. Stock				X						X							X									P
	123 Main St., Dover, Del.							X																			
	1st Bank of Peoria, IL accounts					X							X														
	(not self directed) The Ohio Bank - Keough Plan			X									X				N/A										
	Wright Patman Fed. Credit Union			X									X					X									
	Bank One		X										X					X									
	Northwestern Mutual Life - IRA				X								X				N/A										
	Nation's Bank, VA			X									X					X									

For additional assets and unearned income, use next page.

2830

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OXLEY

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
	N/A																										

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SCHEDULE IV — TRANSACTIONS

Name	OXLEY	Page ___ of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	N/A											

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Name	Page of
OXLEY	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Name	OXLEY	Page	of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	see attached						

2834

FINANCIAL DISCLOSURE TRIP LISTING 1993

November 14 - November 15, 1993	Prudential Securities New York City, NY R/T air fare for member DCA/NY/DCA Meals and lodging Securities High Technology Conference Speaker
November 4 - November 7, 1993	Interstate Natural Gas Association Charleston, SC R/T air fare for member & wife DCA/Charleston, SC/DCA Meals and lodging Energy Panel Participant
September 3, 1993 to September 4, 1993	Grocery Manufacturers Association New York City, NY R/T air fare for member & wife DCA/NYC/DCA Meals and lodging/transportation Luncheon meeting participant
September 9 - September 12, 1993	Sugarloaf Fall Charity Classic Golf & Tennis Tournament Carrabassett Valley, ME R/T air fare for member & wife DCA/Philadelphia/Portland/Philadelphia/DCA Meals and lodging
August 21 - August 25, 1993	Jerry Ford Charity Golf Invitational Meals and lodging Charity Golf Event Vail, CO
December 2 - December 20, 1993	Far East Studies Institute Foreign Exchange Delegation Trip (MECEA) Tokyo, Beijing, Hong Kong, Bangkok R/T air fare for member & wife Meals and lodging

DISCLOSURE (continued)

August 21 - August 29	Danny Thompson Memorial Golf Tournament R/T Air fare for member & wife Dulles/Denver/Salt Lake City/Dulles Meals and lodging for member & wife Charity Golf Event Sun Valley, ID (4 days not at sponsor's expense)
July 16 - July 18, 1993	The Cooperstown Conference Hot Springs, VA lodging & meals for member & wife Energy Conference Participant
July 8 - July 10, 1993	United States Telephone Association Meals and lodging for member & wife Telecommunications Roundtable Leadership Meeting Greenbrier/White Sulphur Springs, WV
June 4, 1993	Anizter Technologies Cable Group Meal and lodging for member Monterey, CA Telecommunications Dinner Speaker
June 4 - June 7, 1993	National Cable Television Associaton San Francisco, CA R/T air fare for member Dulles/San Francisco/Monterey/San Francisco/ Dulles Meals and Lodging for member & wife Cable Conference Participant (1 day not at sponsor's expense)
May 21, 1993	Ameritech Chicago, IL R/T air fare and meals for member DCA/Chicago/DCA Luncheon telecommunications speech
January 8 - January 10, 1993	Jack Africk Corporation Charity Classic Boca Raton, FL R/T air fare for member & wife Meals and lodging DCA/Boca Raton/DCA Charity Golf Event
February 25 - February 27, 1993	Congressional Institute Retreat Princeton, NJ Meals and lodging for member

Name	OXLEY	Page	of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12: 21

U.S. HOUSE OF REPRESENTATIVES

(4)

HAND DELIVERED

MC

Ronald C. Packard

2162 Rayburn House Office Building

Washington, D.C. 20515-0548 (202) 225-3906

CA
48

Filer Status	X	
Report Type	X	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ronald C. Packard

DATE (Month, Day, Year): May 16, 1994

2838

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
California State University	Speech	Jan 15, 1993	$1,000.00
National Water Resources Association	Speech	Jan 29, 1993	$1,000.00
Kemper National Insurance Companies	Speech	Feb 1, 1993	$2,000.00

Name Ronald C. Packard | Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	1st Nat'l Bank of North County (stock)					X								X			X										
	Coin Collection			X										X			X										
	Investment Diamonds				X									X			X										
JT	Dean Witter IRA				X									X			X										

For additional assets and unearned income, use next page.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Nat'l Water Resources Association	Jan 28-29	Dulles-San Fran.-Monterey-San Jose-San Diego	Y	Y	No	No
—	—	—	—	—	—	—
Kemper National Insurance Co.	Jan 31-Feb 1	San Diego-LA-Palm Springs-Palm Spgs-Dallas-DC	Y	Y	No	No
Int'l Industrial Symposium on the Superconducting Supercollider	May 7-9	Dulles-San Fran.-San Fran.-Dulles	Y	Y	Yes	No
KARE (Klamath Alliance for Resources & Environment)	June 4-6	San Diego-San Fran.-Redding Redding-San Fran.	Y	Y	Yes	No
Corning, Inc.	Nov 6-7	DC-Atlanta-Atlanta-DC	Y	Y	No	No
Danny Thompson Memorial Golf Tournament	Aug 25-28	Member provided own transportation	Y	Y	Yes	No

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:56

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

5

FRANK J. PALLONE, JR.

787 OCEAN AVE, UNIT 1801

LONG BRANCH, NJ 07740 (202) 225-4671

Filer Status	[X] Member of the U.S. House of Representatives — State N.J. District 6		[ ]	
Report Type	[X] Annual May 15th	[ ] Amendment	[ ]	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Frank J. Pallone Jr.

DATE (Month, Day, Year): May 14, 1994

2842

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$8,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NATIONAL REALTY COMMITTEE, INC.	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name FRANK PALLONE, JR. | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
S	CRESTAR BANK WASHINGTON DC-ACCTS.			X									X						X								
	FIRST FIDELITY BANK			X									X					X									
	LONG BRANCH, NJ ACCOUNTS																										
	CONGRESS. FED. CREDIT UNION-ACCTS			X									X					X									
	FIRST MARYLAND BROKERAGE CORP.			X									X					X									
S	BALTIMORE, MD ACCOUNTS																										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name FRANK J. PALLONE, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	FIRST MARYLAND NAT. BANK BALT.	MD																									
	IRA ACCOUNTS				X						X		X	X					NA	IRA							
S	MERRILL LYNCH WASHINGTON DC																										
	SEPT/IRA ACCOUNTS			X							X		X	X					NA	IRA							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
HONORARY MEMBER OF BRD	RAINBOW FOUNDATION
HONARARY MEMBER OF BRD	RANNEY SCHOOL, TINTON FALLS, NJ
MEMBER OF BOARD	ZIMMERLI MUSEUM RUTGERS UNIVERSITY

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:55
HAND DELIVERED

Paul Michael (Mike) Parker
(Full Name)

1410 Longworth HOB
Washington, D.C. 20515
(Mailing Address)

202-225-5865
Daytime Telephone

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Mississippi District: 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Mike Parker

DATE (Month/Day/Year): May 15, 1994

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Name Paul Michael (MIKE)Parke	Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

Source		Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
Parker Funeral Home, Inc.		Business Income	10459.00
Parker Funeral Home, Inc.	(Spouse)	Business Income	6497.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Paul Michael (Mike) Parker | Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Smokeless Tobacco Council	Appearance	May 24, 1993	$1000.00
Brookings Institution Speech	Speech	March 2, 1993	$ 400.00

This page may be copied if more space is required.

Name: Paul Michael (Mike) Parker | Page 1 of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Parker Funeral Home, Inc. B'Haven				X						X						X										
JT	Brookhaven Funeral Ins.Co. "			X							X						X										
JT	Land, GFG Farm, Lincoln CountyMs							X				Farm					X										
JT	American Funeral Assurance Co. Amory, Miss.		X								X							X									
JT	American Funeral Assurance Co. Amory, Miss.				X									X									X				S
S	Hominy Ridge, Inc. Franklin County, Miss				X						X						X										

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Paul Michael (Mike) Parker

Page 5 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	IRA, Bank of Franklin, Meadville			x									x						NA/IRA								
S	IRA, Bank of Franklin, Meadville			x									x						NA/IRA								
JT	Roger Engeman Mutual Fund(ML)						x							x			x										
	CMA Money Fund-Merrill Lynch				x								x						x								
S	CMA Money Fund-Merrill Lynch				x								x						x								
	AIM Equity funds- Constellation Funds				x						x						x										
	Delaware Group Delcap Fund Concept 1 Series				x						x						x										
	Federal Franklin Tax Free Inc. =Fund				x						x										x						
S	Federal Franklin Tax Free Inc. Fund				x						x										x						
	Keystone Tax Free FD SBI					x					x										x						
S	Keystone Tax Free FD SBI					x					x										x						
	MFS Municipal Income FD-ClassB					x					x									x							
S	MFS Municipal Income FD-ClassB					x					x									x							
S	Muniyield Fund Inc					x					x									x							
S	Muniyield INSD Fund 11 Inc.				x						x									x							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Paul Michael (Mike) Parker

Page 4 of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	Nuveen P Ins M. Incm Fund				x						x									x							
	ML Municipal Bond Fund National Port Class B					x							x							x							
S	ML Municipal Bond Fund National Port Class B					x							x							x							
	Miss. Hosp. Equip & Fac at RV RFDG Old AMBAC (Bond)				x								x							x							
S	Miss. Hosp. Equip.& Fac at RV RFDG Old AmBAC (Bond)				x								x							x							
	Sanderson Farms Inc. Com(E)			x							x							x									
S	Sanderson Farms Inc. Com(E)			x							x							x									
	Sante Fe Pacific Corp (A)			x							x							x									
S	Sante Fe Pacific Corp (A)			x							x							x									
	Southwestern Energy PV (F)			x							x							x									
S	Southwestern Energy PV (F)			x							x							x									
	Blackrock I Municipal T				x						x									x							
	Merrill Lynch Int'l. Equity Fund				x						x						x										
	Oppenheimer Discovery Fund				x						x						x										
JT	Steven HL Craft Oil Lease		x									x							x								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul Michael (Mike) Parker | Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	USAA Aggressive Growth Fund			x							x							x									
JT	USAA Tax Exempt Intermediate			x							x							x									
JT	USAA Income Fund			x							x							x									
JT	USAA Income Stock Fund			x							x							x									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name: Paul Michael (Mike) Parker

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Wal Mart Stores Inc. Stock		x		11-30-93	x						
S	Wal Mart Stores Inc. Stock		x		11-30-93	x						
JT	American Funeral Assurance Company Stock		x		2-17-93		x					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Bureau of Wholesales Representatives-Annual Conference 1993 (Speech)	Dec.11/13	Jackson,Ms-Orlando; Jackson, Ms.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Parker Funeral Homes, Inc. Brookhaven, Miss.
President	Brookhaven Funeral Insurance Company, Inc. Brookhaven, Miss.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75–684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

(13)

1994 JUN -7 PM 2:16

HAND DELIVERED
(Office Use Only)

Paul Michael (Mike) Parker
(Full Name)

1410 Longworth HOB
(Mailing Address)

202-225-5865
Daytime Telephone

Washington, D. C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Mississippi District: 4	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Mike Parker

DATE (Month/Day/Year) 6-6-94

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Parker Funeral Home, Inc.	Business Income	10459.00
	Parker Funeral Home, Inc. (Spouse)	Business Income	6497.00

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Smokeless Tobacco Council	Appearance	May 24,1993	$1000.00
Brookings Institution Speech	Speech	March 2,,1993	$ 400.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Paul Michael (Mike) Parker

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

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For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	Parker Funeral Home, Inc. B'Haven				x						x						x										
JT	Brookhaven Funeral Ins. Co. "			x							x						x										
JT	Land, GFG Farm, Lincoln CountyMs							x			Farm						x										
JT	American Funeral Assurance Co. Amory, Miss.		x								x							x									
JT	American Funeral Assurance Co. Amory, Miss.				x									x									x				s
S	Hominy Ridge, Inc. Franklin County, Miss				x						x						x										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Paul Michael (Mike) Parker

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	IRA, Bank of Franklin, Meadville			x									x						NA/IRA								
S	IRA, Bank of Franklin, Meadville			x									x						NA/IRA								
JT	Roger Engeman Mutual Fund(ML)						x							x			x										P
	CMA Money Fund-Merrill Lynch				x								x						x								P
S	CMA Money Fund-Merrill Lynch				x								x						x								P
S	AIM Equity funds- Constellation Funds				x						x						x										P
S	Delaware Group Delcap Fund Concept 1 Series				x						x						x										P
	Federal Franklin Tax Free Inc. =Fund				x						x										x						P
S	Federal Franklin Tax Free Inc. Fund				x						x										x						P
	Keystone Tax Free FD SBI					x					x										x						P
S	Keystone Tax Free FD SBI					x					x										x						P
	MFS Municipal Income FD-ClassB					x					x									x							P
S	MFS Municipal Income FD-ClassB					x					x									x							P
S	Muniyield Fund Inc					x					x									x							P
S	Muniyield INSD Fund 11 Inc.				x						x									x							P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (If needed)

Name Paul Michael (Mike) Parker

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	Nuveen P Ins M. Incm Fund				x						x									x							P
	ML Municipal Bond Fund National Port Class B					x							x							x							P
S	ML Municipal Bond Fund National Port Class B					x							x							x							P
	Miss. Hosp. Equip & Fac at RV RFDG Old AMBAC (Bond)				x								x							x							P
S	Miss. Hosp. Equip.& Fac at RV RFDG Old AmBAC (Bond)				x								x							x							P
	Sanderson Farms Inc. Com(E)			x							x							x									P
S	Sanderson Farms Inc. Com(E)			x							x							x									P
	Sante Fe Pacific Corp (A)			x							x							x									P
S	Sante Fe Pacific Corp (A)			x							x							x									P
	Southwestern Energy PV (F)			x							x							x									P
S	Southwestern Energy PV (F)			x							x							x									P
	Blackrock I Municipal T				x						x									x							P
	Merrill Lynch Int'l. Equity Fund				x						x						x										P
	Oppenheimer Discovery Fund				x						x						x										P
JT	Steven HL Craft Oil Lease		x									x							x								S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul Michael (Mike) Parker

Page 2 of 13

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	USAA Aggressive Growth Fund			x							x							x									
JT	USAA Tax Exempt Intermediate			x							x							x									
JT	USAA Income Fund			x							x							x									
JT	USAA Income Stock Fund			x							x							x									
	Pasadena Growth Fund				X						X						X										P
	Wal-Mart Stock			X							X						X										P
S	Wal-Mart Stock			X							X						X										P
JT	U. S. Treasury Bonds				X								X				X										P

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SCHEDULE IV — TRANSACTIONS

Name: Paul Michael (Mike) Parker

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000+
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Wal Mart Stores Inc. Stock		x		11-30-93	X						
S	Wal Mart Stores Inc. Stock		x		11-30-93							
JT	American Funeral Assurance Company Stock		x		2-17-93		x					
	Pasadena Growth Fund		x		10-04-93		x					
	This line left blank intentionally											
	This line left blank intentionally											
JT	Roger Engeman Mutual Fund (ML)		x		12-16-93				x			
JT	Roger Engeman Mutual Fund (ML)	X			02-10-93				x			
	CMA Money Fund-Merrill Lynch	X			01-25-93		X					
S	CMA Money Fund-Merrill Lynch	X			01-25-93		X					
S	AIM Equity Funds-Constellation Funds	X			02-17-93		X					
S	Delaware Group Delcap Fund Concepts 1 Series	X			02-17-93		X					
	Federal Franklin Tax Free Inc. Fund	X			01-29-93		X					
S	Federal Franklin Tax Free Inc. Fund	X			01-29-93		X					
	Keystone Tax Free FD SBI	X			01-29-93							
S	Keystone Tax Free FD SBI	X			01-29-93							
	MFS Municipal Income FD Class B	X			02-03-93							

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SCHEDULE IV — TRANSACTIONS

Name Paul Michael (Mike) Parker

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
S	MFS Municipal Income FD Class B	X			02-03-93			X				
S	Muniyield Fund Inc.	X			02-16-93			X				
S	Muniyield INSD Fund 11 Inc.	X			02-16-93		X					
S	Nuveen P Ins M. Incm. Fund	X			02-22-93		X					
	ML Municipal Bond Fund National Port Class B	X			02-03-93			X				
	Miss. Hosp. Equip. & Fac at RV RFDG Oil AMBAC	X			05-26-93		X					
S	Miss. Hosp. Equip. & Fac at RV RFDG Oil AMBAC	X			05-26-93		X					
	Sanderson Farms Inc. Com (E)	X			11-30-93	X						
S	Sanderson Farms Inc. Com (E)	X			11-30-93	X						
	Sante Fe Pacific Corp (A)	X			07-14-93	X						
S	Sante Fe Pacific Corp (A)	X			07-14-93	X						
	Southwestern Energy PV (F)	X			06-15-93	X						
S	Southwestern Energy PV (F)	X			06-15-93	X						
	Blackrock I Municipal T	X			02-16-93		X					
	Merrill Lynch Int'l. Equity Fund	X			10-04-93		X					
	Oppenheimer Discovery Fund	X			02-17-93		X					
JT	Steven HL Craft Oil Lease		X		10-07-93	X						

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SCHEDULE IV — TRANSACTIONS

Name Paul Michael (Mike) Parker

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Pasadena Growth Fund	X			02-16-93		X					
	Wal-Mart Stock	X			06-03-93	X						
S	Wal-Mart Stock	X			06-03-93	X						
S	ML Municipal Bond Fund National Port Class B	X			02-03-93			X				
JT	U. S. Treasury Bonds	X			02-19-93		X					

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Name Paul Michael (Mike) Parker | Page 11 of 13

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required

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Name: Paul Michael (Mike) Parker

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Bureau of Wholesales Representatives-Annual Conference 1993 (Speech)	Dec.11/13	Jackson,Ms-Orlando, Jackson, Ms.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Parker Funeral Homes, Inc. Brookhaven, Miss.
President	Brookhaven Funeral Insurance Company, Inc. Brookhaven, Miss.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1994 75-864 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 1:31
U.S. HOUSE OF REPRESENTATIVES
DELIVERED
mc (Office Use Only)

(10)

Edward Lopez Pastor
(Full Name)

1151 West Thomas Road
(Mailing Address)

Phoenix, Arizona 85013

Daytime Telephone: 202.225.4065

Filer Status	[X] Member of the U.S. House of Representatives	State Arizona District Two	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Edward Pastor

DATE (Month/Day/Year): May 13, 1994

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Name	Edward Lopez Pastor	Page 2 of 0

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Arizona, Dept. of Education, Phoenix, AZ	Spouse Salary	45,136
	U. S. House of Representatives, Washington, D.C.		133,258

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
N O N E			

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Name Edward Lopez Pastor | Page 1 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income. If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income. For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction. Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	Residential Lot, Guadalupe, AZ.			X													X										
JT	BAnk One account, Phoenix, AZ.			X									X					X									
S	AZ. St. Employees Credit Union, Phx			X									X				N/A										(IRA)
	Bank One IRA, Phoenix, AZ.			X									X				N/A										
S	AZ. St. Retirement System, Phx. AZ					X							X				N/A										
	AZ. St. Retirement System, Phx. AZ				X								X				N/A										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edward Lopez Pastor

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	PEBSCO - Deferred Compensation Acct.			x									x				N/A										
DC	Bank of America TCD	x											x					x									E
	Central Life Insurance Cash Value			x							x							x									
JT	AZ. St. Emp. CU accts., Phx. AZ		x										x					x									
	Congressional CU, Washington accts.			x									x						x								
	Thrift Savings Plan, Washington, DC			x									x	x			N/A										

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2875

SCHEDULE IV — TRANSACTIONS

Name Edward Lopez Pastor | Page 6 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
DC	Bank of America TCD			x	4/1/94	x						

This page may be copied if more space is required.

2876

Name Edward Lopez Pastor

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Bank of America, Phoenix, AZ	Mortgage on 1151 W. Thomas Rd. Phx		x					
JT	Bank One, Phoenix, AZ	2nd Mortgage on above property	x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Joseph E. Seagram & Sons, Inc.	Two Tickets -- Kentucky Derby	$250.00

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Jewish National Fund	Mar. 21-24	Wash.,DC-NY-Jerusalem,Israel-Tel Aviv-NY-Wash.DC	Y	Y	N	N
Economic Strategy Institute	Apr.15-17	Tucson,AZ-Nogales,Mexico-Tucson, AZ	Y	Y	N	N
Joseph E. Seagrams & Sons, Inc	Apr.30-May 2	Wash.,DC-Louisville,KY-Wash.,DC (Member paid travel for himself and spouse)	Y	Y	Y(Spouse)	N
Project Interchange/America Jewish Committee	Aug.21-29	Phoenix,AZ-Wash.,DC-NY-Tel Aviv,Israel-NY-Phil.,PA Phoenix, AZ	Y	Y	Y(Spouse)	N
U.S.Mexico Chamber of Commerce	Aug.30-Sept.3	Phoenix,AZ-Mexico City, Mexico-Phoenix,AZ	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Executive Board Member	Democratic Study Group, Washington, DC
Secretary-Treasurer	Congressional Hispanic Caucus, Washington, DC
Vice Chair	Congressional Hispanic Caucus Institute
Board Member	National Association of Latin Elected Officials, Washington, DC
Board Member	Neighborhood Housing Services of America, Oakland, CA
Board Member	Phoenix Memorial Hospital Primary Care Board, Phoenix, AZ

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Arizona State University Alumni Association
Advisory Board Member	People with AIDS Coalition of Tucson

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12: 14

HAND DELIVERED (1)

Bill Paxon

251 Wedgewood Drive, Williamsville, New York 14221 716-634-2324

Filer Status	X	Member of the U.S. House of Representatives	New York 27
Report Type	X	Annual (May 15)	Amendment

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**		X
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bill Paxon

May 13, 1994

2881

Name	Bill Paxon	Page 1 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives (Voluntarily Disclosed)	Salary	$133,258

For payments to charity in lieu of honoraria, use Schedule II.

2882

Name Bill Paxon

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categones, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peona, IL accounts					X							X							X							
	Thrift Savings Retirement Plan (Voluntarily Disclosed $66,661)					X																					
	1993 Ford Tempo (Voluntarily Disclosed $11,000)			X																							
	Personal Residence/251 Wedgewood (Voluntarily Disclosed: Estimated Value $155,000 Owed to Mellon Mortgage $121,633 Mellon Escrow Account Balance $396 Interest on Escrow Account $43)						X						X					X									

Examples:

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bill Paxon

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
	Non-Income Residence Unit occupied by parents at 194 Wedgewood Drive (Voluntarily Disclosed: Estimated Value $105,000 Owed to Mellon Mortgage $43,581 Mellon Escrow Account Balance $332 Interest on Escrow Account $43						X						X					X								P

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2884

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Sale of 1987 Pontiac (Voluntarily Disclosed $1,500)		X		9/30/93	X						

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2885

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Mellon Mortgage, Houston, Texas (Voluntarily Disclosed $121,633)	Mortgage on Personal Residence 251 Wedgewood Drive, Williamsville				X			
	Mellon Mortgage, Houston, Texas (Voluntarily Disclosed $43,581)	Mortgage on Non-Income Residential Unit at 194 Wedgewood, Williamsville		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation (Voluntarily Disclosed $3,000)	8/23-29	Buffalo-Inrael-Buffalo	Y	Y	N	N
	Congressional Institute, Inc. (Voluntarily Disclosed $485)	2/25-27	Washington-Princeton, NJ	Y	Y	N	N

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TOLL FREE TELEPHONE NUMBER:
1-(800) 463-5336

DISTRICT OFFICES:
5500 MAIN STREET
WILLIAMSVILLE, NY 14221
(716) 634-2334

10 EAST MAIN STREET
VICTOR, NY 14564
(716) 742-1600

CAPITOL OFFICE:
1514 LONGWORTH
HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3265

Congress of the United States
House of Representatives

BILL PAXON
27TH DISTRICT, NEW YORK

SATELLITE OFFICES:
(BY APPOINTMENT)

216 EAST MAIN STREET
BATAVIA, NY 14020

131 MAIN STREET
GENESEO, NY 14454

611 WEST WASHINGTON STREET
GENEVA, NY 14456

10 LEACH ROAD
LYONS, NY 14489

117 FALL STREET
SENECA FALLS, NY 13148

38 NORTH MAIN STREET
WARSAW, NY 14569

June 10, 1994

1994 JUN 10 PM 5:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

RECEIVED

1

MC

Hon. Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1300 Longworth HOB
Washington, DC 20515

Dear Don:

This correspondence serves as a statement of amendment to my Financial Disclosure Statement for Calendar Year 1993.

Travel provided by the Human Rights Foundation from April 7, 1993 to April 13, 1993 was accidently omitted from Schedule VII of this disclosure.

The point of return and departure for this trip was New York City. Destinations for this trip were Croatia, Bosnia, Slovenia, Macedonia, Serbia and Macedonia in that order.

Lodging and food were provided. A family member was not included, nor was any time spent outside the sponsor's expense.

If there any questions about this amendment, please direct them directly to me.

Sincerely,

BILL PAXON

PRINTED ON RECYCLED PAPER

JIM McDERMOTT, WASHINGTON
CHAIRMAN
GEORGE (BUDDY) DARDEN, GEORGIA
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
KWEISI MFUME, MARYLAND
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO

(202) 225-7103
SUITE HT-2, THE CAPITOL

Congress of the United States
House of Representatives
Committee on Standards of Official Conduct
Washington, DC 20515-6328

FRED GRANDY, IOWA
RANKING REPUBLI
NANCY L. JOHNSON,
JIM BUNNING, KENTU
JON L. KYL, ARIZONA
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

BERNARD RAMO, CHIEF COUNSEL

July 8, 1994

(2)

MC

RECEIVED
OFFICE OF RECORDS AND REGISTRATION
1994 JUL 12 AM 9:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Bill Paxon
U.S. House of Representatives
1314 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of June 30, 1994, requesting a waiver, pursuant to section 102(a)(2)(C) of the Ethics in Government Act, of the reporting requirements for wedding gifts received by you and your wife when you were married on July 3, 1994.

On behalf of the Committee, we grant your request. The Office of Records and Registration shall be notified in accordance with the statutory requirement that waiver requests be made a part of the public record.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Jim McDermott
Chairman

Fred Grandy
Ranking Minority Member

JS:eah

Copy to: Office of Records and Registration

TOLL FREE TELEPHONE NUMBER:
1-(800) 483-8330

DISTRICT OFFICES:
5500 MAIN STREET
WILLIAMSVILLE, NY 14221
(716) 634-2324

10 EAST MAIN STREET
VICTOR, NY 14564
(716) 742-9000

CAPITOL OFFICE
1314 LONGWORTH
HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3265

Congress of the United States
House of Representatives

BILL PAXON
27TH DISTRICT NEW YORK

SATELLITE OFFICES:
(BY APPOINTMENT)

218 EAST MAIN STREET
BATAVIA, NY 14020

131 MAIN STREET
GENESEO, NY 14454

611 WEST WASHINGTON STREET
GENEVA, NY 14456

10 LEACH ROAD
LYONS, NY 14489

117 FALL STREET
SENECA FALLS, NY 13148

36 NORTH MAIN STREET
WARSAW, NY 14569

June 30, 1994

Chairman Jim McDermott
Committee On Standards
of Official Conduct
Suite HT2 Capitol Building
Washington, D.C. 20515

Dear Chairman McDermott:

Due to my upcoming wedding, I am writing this letter to make a request for a waiver of the reporting requirement under the Financial Disclosure law with respect to my wedding gifts.

Thank you for your assistance in this matter.

Sincerely,

BILL PAXON
Representative

BP: mga

RECEIVED
94 JUL 05 AM 8:39
COMMITTEE ON STANDARDS

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

20 10

Donald Milford Payne
(Full Name)

19 Bock Avenue
(Mailing Address)

Newark, New Jersey 07112

Daytime Telephone
202-225-3436

(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State NJ District 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Donald M Payne

DATE (Month/Day/Year) May 16, 1994

2891

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Donald Milford Payne

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	BLOCK A Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Conrail Stock					X					X									X							
	First Fidelity Bancorp Stock				X						X								X								
	Copeland Companies Pension Plan					X																					
	Smith Barney Shearson IRA					X																					
	19 Bock Ave., Newark, NJ						X					X										X					
	Merck & Co. Stock			X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	First Fidelity Bank, Newark, NJ	Mortgage on 19 Bock Ave., Newark,NJ			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

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Name	Page
Donald Milford Payne	4 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Medical Association	Mar.19-22	Wash.-Sarasota, FL-Newark	Y	Y	N	N
	The Aspen Institute	Apr.5-10	New York-S. Africa-NY	Y	Y	Y	N
	Congressional Black Caucus Foundation	June 25-28	Newark-Los Angeles-Newark	Y	Y	N	1 Day
	Cross-Cultural Pastors Assn. for Peace	Aug. 9-14	New York - Korea	Y	Y	Y	N
	The Atlantic Council	Aug. 15-19	Korea-Hong Kong-New York	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Council	U.S. Committee for UNICEF
Board of Trustees	Newark Boys' & Girls' Clubs
Board of Directors	Newark Day Center
Board of Directors	Newark YMWCA
Board of Directors	Congressional Award Foundation
Board of Directors	Congressional Black Caucus Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 12: 16

HAND DELIVERED

(10)

LEWIS F. PAYNE, JR.

19 SAWMILL CREEK RD.

(202) 225-4711

WINTERGREEN, VA 22958

Filer Status	X	VIRGINIA 5TH	
Report Type	X		

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Lewis F. Payne Jr.

DATE (Month, Day, Year): 5/11/94

2896

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	PAYNE, ROSS AND ASSOCIATES ADVERTISING, INC.	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb 2, 1993	$2,000
XYZ Magazine	Article	Aug 13, 1993	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
JT	CENTRAL FIDELITY BANK ACCOUNTS					X							X							X							
	L.F. PAYNE FOR CONGRESS CAMPAIGN LOAN					X							X									X					
	ALEX BROWN - BOND					X							X								X						
	FIDELITY INVESTMENT PORTFOLIO BONDS (Magellan Fund & Aggressive Fund)					X					X										X						
	BANK ONE (account)				X						X		X	X				X									

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LEWIS F. PAYNE, JR.

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B [redacted]	C $15,001 - $50,000	D [redacted]	E $100,001 - $250,000	F [redacted]	G $500,001 - $1,000,000	H [redacted]	BLOCK C Type of Income: DIVIDENDS	[redacted]	INTEREST	[redacted]	EXCEPTED TRUST	[redacted] TRUST	BLOCK D Amount of Income: None	I [redacted]	II $201 - $1,000	III [redacted]	IV $2,501 - $5,000	V [redacted]	VI $15,001 - $50,000	VII [redacted]	VIII $100,001 - $1,000,000	IX [redacted]	BLOCK E Transaction P, S, E
	WINTERGREEN HOMESITE 174 CHESTNUT SPRINGS - LOT				X												X										
	CONDO -RENTAL PROPERTY 12 - 3RD ST., NE, WASHINGTON, DC							X				X										X					
	CIS EQUIPMENTAL RENTAL CIS EQUIPMENT TRUST, SAN MATEO, CA	X										X					X										SOLD
	ONE CITY PLACE LIMITED PARTNERSHIP .17% OWNERSHIP; OWNERS ONE CITY PLACE OFFICE BLDG - REAL ESTATE - LTD. PTR.					X						X					X										
	GREAT PLAINS PARTNERSHIP 1.6% OWNERSHIP OWNING OFFICE BLDG - REAL ESTATE - LTD PTR.						X					X					X										
	206 E. JEFFERSON ST. - 50% OWNERSHIP OWNING OFFICE BLDG - REAL ESTATE - GEN PTR.				X							X					X										
	CHESAPEAKE TRADING PARTNERSHIP 24% OWNERSHIP - BUSINESS & SALES OWNING OFFICE EQUIPMENT - LTD PTR.	X															X										SOLD
	GRAND BANKS PARTNERSHIP -12% OWNERSHIP PRODUCING GAS & OIL - LTD PTR.	X															X										SOLD
	ML LEE ACQUISITION FUND - .004 LTD. PARTNERSHIP OWNING BONDS & NOTES - LTD PTR.				X						X		X	X							X						
	WINTERGREEN DEVELOPMENT, INC 35.5% OWNERSHIP SELLING REAL ESTATE - "S" CORP									X							X										
	BEAR SCRATCH PARTNERS - 50% OWNERSHIP OWNING RE IN NELSON CO., VA - GEN PTR.	X															X										SOLD
JT	CENTRAL FIDELITY BANK (IRA) (rollover from Crestar IRA)				X								X				X										
	L.F. PAYNE RETIREMENT TRUST TRUST DISTRIBUTION							X															X				

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29900

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	BANK ONE -100SH. CHESAPEAKE CORP		X		10-11-93	X						
	BANK ONE -200SH. YPF SOCIEDAD ANONIMA	X			8-27-93	X						
	BANK ONE -200SH. YPF SOCIEDAD ANONIMA		X		10-11-93	X						
	CIS EQUIPMENT TRUST		X		1-01-93	X						
	CHESAPEAKE TRADING PARTNERSHIP		X		1-01-93	X						
	GRAND BANKS PARTNERSHIP		X		1-01-93	X						
	BEAR SCRATCH PARTNERSHIP		X		4-30-93		X					

This page may be copied if more space is required.

2901

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	CENTRAL FIDELITY BANK, CHARLOTTESVILLE, VA	MORTGAGE ON DC CONDO 12 -3RD ST., NE, WASHINGTON, DC				X			
JT	CENTRAL FIDELITY BANK, CHARLOTTESVILLE, VA	LINE OF CREDIT			X				
JT	CRESTAR BANK, CHARLOTTESVILLE, VA	LINE OF CREDIT		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	PUBLIC SECURITIES ADM.	APRIL 30	SPEECH/ROUND TABLE DISCUSSION AT GREENBRIAR CHARLOTTESVILLE VA -LEWISBURG,WVA- CHARLOTTESVILLE	N	Y	N	NO
	BOND CLUB OF VA	JUNE 26	SPEECH AT GREENBRIAR CHARLOTTESVILLE VA -LEWISBURG,WVA- CHARLOTTESVILLE	N	Y	N	NO
	DANVILLE TOBACCO MARKET	AUGUST 2	OPEN DANVILLE TOBACCO MKT. FLY DIBRELL BROS. -PRIVATE JET CHARLOTTESVILLE - DANVILLE, VA- CHARLOTTESVILLE	N	N	N	NO

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SEE ATTACHED SHEET	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 - 75-884 (mu.)

Use additional sheets if more space is required.

SCHEDULE VIII - POSITIONS: (Continued)

Position	Name of Organization
Member, Board of Directors	Nature Conservancy - State of Virginia
Limited Partner	Great Plains Partnership
General Partner	206 East Jefferson Street
Limited Partner	ML - Lee Acquisition Fund
Limited Partner	One City Place, Ltd.
Member, Board of Directors	Nelson County Community Development Foundation
Member, Board of Directors	UVa Foundation
Member, Board of Directors	Averett College
Member, Board of Directors & President	Wintergreen Development
Member, Board of Directors	Patrick Henry Boys Home

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

23

Nancy Pelosi

2640 Broadway

San Francisco, CA 94115

Filer Status	☒ Member of the House of Representatives, State CA District 8th	☐ Other	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Nancy Pelosi

DATE (Month/Day/Year): May 15, 1994

2906

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Nancy Pelosi	(none)	
	Spouse:		
	Financial Leasing Services, Inc.	Salary	N/A
	Carey Associates	Management Fee	N/A
	Dancoor, Inc.	Commission	N/A
	Solar Micro Utility "P"	Management Fee	N/A
	Potomac Investment Associates	Management Fee	N/A
	Moana Corporation	Management Fee	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
S	Adit Partners, San Francisco, CA Public common stock fund						X						X	X									X				
S	American Security Bank, Washington, DC Savings account				X								X					X									
S	Ashlar, Inc., Sunnyvale, CA Common stock (increased investment)					X																					P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	Auberge du Soleil, Rutherford, CA Owns and operates a hotel resort								X			X	X										X				
S	Bank of America, San Francisco, CA savings account				X								X					X									
S	Bedford Hotel Assoc., San Francisco owns hotel	CA				X						X	X										X				S
JT	B.F. Enterprises Public common stock					X																					
S	Borel Estate Company Owns shopping center						X					X	X									X					
S	Carey Assoc., LP, San Francisco, CA Limousine business									X	X		X												X		
S	Carey International, Washington, DC Common and preferred stock						X				X												X				
S	Castelle, Inc., SAnta Clara, CA Common stock					X							X					X									
S	Chalone, Inc.			X																							*
S	Charlottetown Assoc., LP, Charlotte, Owns office bldg. on Baxter St.	NC					X																				S

This page may be copied if more space is required.

*Presviously reported however inadvertently not included in 1991 or 1992 reports.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi

Page [illegible]

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: [illegible]	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H [illegible]	BLOCK C Type of Income: [illegible]	DIVIDENDS	[illegible]	INTEREST	[illegible]	EXCEPTED TRUST	[illegible]	BLOCK D Amount of Income: None	[illegible]	I [illegible]	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	Container Programs, Inc., San Francisco, CA Equipment leasing company								X																				
S	Convest Energy Corp. Public common stock		X																										
	Congressional Credit Union Washington, DC			X										X							X								
S	Entertainment Express, S. San Francisco, CA Operates cable tv service						X																						
S	Financial Leasing Services, San Francisco, CA leasing and investment company								X																				
S	Forty-five Belden Corp., San Francisco, CA General Partner of Carey Assoc.								X		X															X			
JT	Franchise Tax Board Sacramento, CA													X							X								
S	Grantline 208, LP, Sacramento, CA 208 acres raw land								X																				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi | Page, of 12

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: [redacted]	A $1 - $1,000	[redacted]	C $15,001 - $50,000	[redacted]	E $100,001 - $250,000	[redacted]	G $500,001 - $1,000,000	[redacted]	BLOCK C Type of Income: [redacted]	DIVIDENDS	[redacted]	INTEREST	[redacted]	EXCEPTED TRUST	[redacted]	BLOCK D Amount of Income: [redacted]	I None	[redacted]	II $201 - $1,000	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $1,000,000	VIII $1,000,001 - $5,000,000	IX Over $5,000,000	BLOCK E Transaction P, S, E
JT	Genway Corp., Chicago, IL Common stock, grantor trust				X							X											X						
S	Gupta Corp. Public common stock				X										X										X				P/S
S	Juliana Hotel Assoc., San Francisco, CA Owns hotel	CA				X							X	X											X				S
S	McGrath RentCorp Public common stock								X			X													X				S
S	Mercury Interactive Corp. Public common stock			X																									P
S	Microtest, Inc. Common stock			X																									
S	Mosher Partners, LP, Sacramento, CA 550 acres raw land							X																					
S	Nautilus Leasing Services Container leasing company					X																							
S	Nine Hundred One Battery Street San Francisco, CA Owns office building				X								X										X						
S	Orwalla, Inc. Public common stock				X																								P

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Nancy Pelosi

Page 7 of 12

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	ROYALTIES	EXCEPTED TRUST	BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	PIA-A Avenel, Potomac, MD Real estate development								X			X	X												X		
S	Piatti Restaurant Co., Tiburon, CA Restaurant operating company (increased investment)								X		X													X			P
S	Potomac Investment Assoc., Gaithersburg, MD Real estate development company									X		X	X												X		
S	Read-Rite Corp., Milipitas, CA Common stock							X																			
JT	Robert Half Int'l. Public common stock *Previously reported however inadvertently not included in 1991 & 1992 reports.						X																				*
S	Wm. Rollnick & Co., Palo Alto, CA (aka Genstar Rental Electronics) Equipment leasing company						X																				
S	San Francisco Hotel Assoc. San Francisco, CA Owns Vintage Court Hotel						X					X											X				S

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Nancy Pelosi

Page (of)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: [redacted]	A $1 - $1,000	[redacted]	C $15,001 - $50,000	[redacted]	E $100,001 - $250,000	[redacted]	G $500,001 - $1,000,000	[redacted]	BLOCK C Type of Income: [redacted]	DIVIDENDS	[redacted]	INTEREST	[redacted]	EXCEPTED TRUST	[redacted]	BLOCK D Amount of Income: None	[redacted]	II $201 - $1,000	[redacted]	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
S	San Ysidro Ranch, LP, Montecito, CA Owns resort hotel						X					X		X										X				
S	San Ysidro Ranch Management Co. ~~Montecito, CA~~ Manages resort hotel							X				X		X										X				
S	Sutter Hotel Assoc., San Francisco, CA Owns Galleria Park Hotel				X							X		X										X				S
S	Tampa Investment Assoc. ~~Dividend from Potomac Inv. Assoc.~~ Westlake Village, CA				X																							
S	Telltabs, Inc. Public common stock					X																						
S	Union Bank, San Francisco, CA Savings account			X										X					X									
JT	United States Treasury Interest on tax refund													X					X									
JT	Wells Fargo Bank Bank account			X										X					X									

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible]

Page [illegible]

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: [illegible]	A $1 - $1,000	B [illegible]	C $10,001 - $50,000	D [illegible]	E $100,001 - $250,000	F [illegible]	G $500,001 - $1,000,000	H [illegible]	BLOCK C Type of Income: [illegible]	DIVIDENDS	[illegible]	INTEREST	[illegible]	EXCEPTED TRUST	[illegible]	BLOCK D Amount of Income: [illegible]	None	[illegible]	II $201 - $1,000	[illegible]	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	[illegible]	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P S -
JT	Alpine Place, Alpine Meadows, CA Condominium apartment						X																						
S	45 Belden Place, San Francisco, CA Four-story commercial building									X		X														X			
S	208 Farragut, Sea Colony, Bethany Beach, DE Condominium apartment						X					X													X				
S	3239 Webster St., San Francisco, CA Single family residence								X			X													X				I
JT	Skellenger Lane, Napa, CA 8 acre vineyard								X			X														X			
JT	Zinfandel Lane, St. Helena, CA 18 acre vineyard and rental property									X		X														X			

Name Nancy Pelosi | Page 10 of 12

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
S	McGrath RentCorp, Common stock (partial sale)		X		12/30/93		X					
S	Bedford Hotel Assoc., San Francisco, CA		X		12/31/93		X					
S	Charlottetown Associates		X		12/31/93				X			
~~S~~	~~Ashlar, Inc., Common stock (increased investment)~~	~~X~~			~~4/1/93~~	~~X~~						
S	Juliana Hotel Assoc., San Francisco, CA		X		12/31/93		X					
S	Mercury Interactive Corp., Common stock	X			11/8/93		X					
S	Gupta Corp., Common stock	X			2/11/93	X						
S	Gupta Corp., Common stock		X		3/1/93		X					
S	Piatti Restaurant Co. (investment increased)	X			10/1/93				X			
S	San Francisco Hotel Assoc.		X		12/31/93		X					
S	Sutter Hotel Assoc.		X		12/31/93		X					
S	Odwalla, Inc., Common stock	X			12/23/93		X					

This page may be copied if more space is required.

Reporting Individual's Name

Nancy Pelosi

SCHEDULE V—LIABILITIES

Report liabilities of over $10 000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, child, parent, or sibling of the reporting individual or the reporting individual's spouse. For further information, see instructions, page 21.

S, DC, JT	Creditor	Type of Liability	Category of Amount of Value (X)						
			B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 182 Main St. Dover, Del.				X			
JT	Placer Savings, California	Mortgage on Alpine Place, Alpine Meadows, CA			X				
S	Home Savings, California	Mortgage on 3239 Webster St. San Francisco, CA					X		
S	Loyola Federal Savings, Maryland	Mortgage on 208 Farragut, Bethany Beach, DE		X					
S	Teachers Insurance, New York	Mortgage on 45 Belden Place San Francisco, CA							X
S	St. Paul Federal Savings, Illinois	Mortgage on 45 Belden Place, San Francisco, CA							X
JT	Bank of America, California	Mortgage on 11 Zinfandel Lane St. Helena, CA							X
S	American Security Bank, Washington, DC	Line of Credit				X			
S	Union Bank, California	Line of Credit						X	
S	Hambrecht & Quist, San Francisco, CA	Margin Account					X		
S	Portsmouth Securities, San Francisco, cA	Margin Account			X				

Reporting Individual's Name
Nancy Pelosi

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude positions listed on Schedule I. For further information see Instructions, page 25.

EXCLUSIONS: Positions held in any religious, social, fraternal, or political entities, and positions solely of an honorary nature need not be shown.

Positions	Name of Organization
Board of Directors	World Center

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1992 [illegible]

1994 MAY 23 PM 2 51
U.S. HOUSE OF REPRESENTATIVES

Nancy Pelosi
2640 Broadway
San Francisco, CA 94115

MAY 16 1994

May 16, 1994

Donald K. Anderson
Clerk of the House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

MC

Dear Mr. Anderson:

Enclosed please find my Financial Disclosure Form dated May 15, 1994.

Please note that two public common stock Assets listed on Schedule III (Chalone, Inc. and Robert Half, Int'l.), have been owned for more than ten years. They were correctly listed in previous years, however they were both inadvertently not listed on my 1991 or 1992 reports.

Sincerely,

Nancy Pelosi

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 3:56

(8)

MC

(Office Use Only)

Timothy J. Penny
(Full Name)

436 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone 202-225-2472

Filer Status	[X] Member of the U.S. House of Representatives	State Minnesota District 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Timothy J. Penny

DATE (Month/Day/Year) MAY 13, 1994

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Name: Lindy Ann J. Penney	Page 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Redeemer Lutheran (Pre-Kindergarten)	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

2920

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Congressional Quarterly	Speech	Jun 14, 1993	$200
SRI International	Speech	Oct 5, 1993	$1,000
Congressional Quarterly	Speech	Oct 28, 1993	$200

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Timothy L. Penn

Page 5 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B									Block C						Block D										Block E
			None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp Stock			X						X								X								P
			123 Main St., Dover, Del						X				X										X					
			1st Bank of Peoria, IL accounts				X							X							X							
JT	215 Birch, New Richland, MN					X							X									X						
JT	Wright Patman Federal Credit Union						X							X							X							
JT	Americana Bank, Alden, MN				X									X				X										
JT	Mass Mutual Investment				X									X						X								P

For additional assets and unearned income, use next page.

2922

SCHEDULE IV — TRANSACTIONS

Name: Timothy J. Penny

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Mass Mutual Investment	X			Monthly (9X)	X						

This page may be copied if more space is required.

Name	Timothy J. Penny	Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Estate of Joe Stadulski	Mortgage on: 215 Birch, New Richland	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	New Alliance Party	Jan 14-15	Wash DC - NYC - Wash DC	Y	N	N	N
	Columbia Institute (World Econ Forum)	Jan 28 - Feb 1	Wash DC - Davos, Switz - DC	Y	Y	N	N
	Natl Agric Chemicals Assn	Feb 15-16	Wash DC - Phoenix, AZ - DC	N	Y	N	N
	Natl Council of Farmer Coops	Mar 19-21	Wash DC - Marco Island, FL - DC	Y	Y	Y	N
	Stanford University (US-Japan Leg Mtg)	Jun 2-6	Wash DC - Tokyo, Japan - DC	Y	Y	N	N
	NBC	Sep 25-26	Wash DC - NYC - Wash DC	Y	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Gainey Center, Owatonna, MN (uncompensated)
Board Member	Congressional Management Foundation, Washington, DC (uncompensated)
Board Member	Washington Theological Consortium, Washington, DC (uncompensated)
Board Member	Minnesota YMCA Youth in Government (uncompensated)
Board Member	Libros para Ninos ("Books for Kids"), Iowa/Nicaragua (uncompensated)
Fund Drive Chair	Southeastern Minnesota Initiative Fund (SEMIF) (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

6

1994 JUN 13 PM 4:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERED
(Office Use Only)

Collin C. Peterson
(Full Name)

Route 2, Box 287
(Mailing Address)

202/225-2165
(Daytime Telephone)

Detroit Lakes, Minnesota

Filer Status	[X] Member of the U.S. House of Representatives	State Minnesota District 7th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 6-13-1994

2927

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source		Type	Amount
Examples:	Jefferson University		Approved Teaching Fee	$6,000
	State of Maryland		Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)		Spouse Speech	$1,000
	Fairfax County Board of Education		Spouse Salary	NA
	Brewster for Congress	May 18, 1993	musician fee	$175.00
	Condit for Congress	May 5, 1993	musician fee	$125.00
	Condit for Congress	October 28, 1993	musician fee	$175.00
	Brewster for Congress	November 8, 1993	musician fee	$175.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide a brief address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP), or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14-28.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "IRA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A: Asset and/or Income Source	Block B: Value of Asset							Block C: Type of Income					Block D: Amount of Income								Block E: Transaction
	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	DIVIDENDS	RENTS & ROYALTIES	INTEREST	CAPITAL GAIN	EXCEPTED INVESTMENT	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	P, S, E
Example: Mega Corp. Stock			X					X													P
Example: 123 Main St., Dover, Del.																					
Example: 1st Bank of Peoria, IL accounts										X											
Peterson Fox, Inc. - Common stock only asset - 12 plex apartment bldg.				X									X								
Lakeland Estates, Inc. notes & common stock			X						X	X	X					X					
Lake West Properties - Partnership				X					X								X				
Bekkerus Schott & Co. Contract				X						X							X				
First American - Savings		X								X				X							
Wright Patman Congressional FCU		X												X							

For additional assets and unearned income, use next page.

Name	Collin C. Peterson	Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Peterson Fox, Inc. I own 50% of this corporation	Demand loan created when stock issued 1-1-91		X					
	Wright Patman Congressional FCU	Personal line of credit	X						

SCHEDULE VI — GIFTS

List the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

	Source	Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Medical Association	Feb. 19 - 21	Wash.,D.C.-Miami- Wash.,DC	Y	Y	N	N
	MN Society of Certified Public Accountants	April 29 - May 3	Wash.,D.C.- Orlando-Wash,DC	Y	Y	N	N
	American Israel Public Affairs Committee	Dec. 16 - Dec. 24	Wash., D.C. - Tel Aviv-Wash.,D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

[illegible] all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, [illegible]tor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor [illegible]tion, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

[illegible] positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President & Unpaid Director	Peterson Fox, Inc.
President & Unpaid Director	Lakeland Estates, Inc.
Partner	Lake West Properties

SCHEDULE IX — AGREEMENTS

[illegible] the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of [illegible] service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an [illegible] welfare or benefit plan maintained by a former employer. For further information, see Instructions, page [illegible].

Date	Parties To	Terms of Agreement
12-27-90	Self & Bekkerus Schott & Co., Ltd.	Payments for former Business - agreement payable over 6 years

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

5

Douglas "Pete" Brian Peterson

P. O. Box 5781 202/225-5235

Marianna, FL 32447
Florida
2nd

Filer Status	[X] Member of Congress	[ ] Officer or Employee	[ ] Nominee
Report Type	[X] Annual (May 15, 1994)	[ ] Amendment	[ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Douglas "Pete" Brian Peterson

DATE (Month, Day, Year): May 12, 1994

2933

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Douglas "Pete" Brian Peterson | Page 1 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
JT	CRT Software, Inc. (Stock)							DISSOLVED				ORGANIZATION					10/91-SEE ATTACHED LETTER										
JT	CRT Computers Inc. (Stock)						X				X						X										
JT	CRT Computers Inc. (Loan)			X									X				X										
JT	P & N Enterprises (R/E Partnership)				X							X									X						
JT	Car-Jun (R/E Partnership)						X					X										X					
JT	Carribean Cattle Company (Stock)					X					X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Douglas "Pete" Brian Peterson

Page 2 of 4

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Gadsden National Bank, Quincey, FL (Acct)	x					CLOSED	ACCOUNT																			
JT	Pentagon Federal Credit Union Accts		x								x								x								
JT	Citizen Bank, Marianna, FL (Acct)			x									x						x								
JT	Neal Enterprises, Inc. (Stock)				x						x						x										
JT	Congressional Federal Credit Union (Acct)			x							x							x									
JT	Eglin Federal Credit Union (Acct)	x					CLOSED	ACCOUNT																			
JT	Lot, Sunny Hills, FL			x								n/a					x										
JT	Neuberger-Mutual Fund			x							x			x					x								
*	Department of Air Force			n/a							Retirment Pension Suspended						x										
*	Veterans' Adminstration			n/a							Disablity Pension										x						
JT	Janus Group- Mutual Funds			x							x			x					x								
JT	Neuberger-IRA Mutual Funds			x								n/a								n/a							
	Fidelity-IRA Mutual Funds			x								n/a								n/a							
	Citizens Bank, Marianna, FL-IRA			x								n/a								n/a							

*NOT REQUIRED TO REPORT

This page may be copied if more space is required.

Name Douglas "Pete" Brian Peterson | Page 3 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Citizens Bank, Marianna, FL	Mortgage on rental property:							
		--4351 Lafayette Street Marianna, FL 34446				X			
		-- Apt 3, Coronado Apts Port St. Joe, FL			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice-President	CRT Computers Inc., Marianna, FL (inactive)
President	CRT Software, Inc., Marianna, FL-DISSOLVED ORGANIZATION-SEE ATTACHED LETTER

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

PETE PETERSON
20 District, Florida

COMMITTEE
ON
APPROPRIATIONS
SUBCOMMITTEES
ENERGY AND WATER
RESOURCES
AGRICULTURE AND RURAL
DEVELOPMENT

RECEIVED
1994 MAY 19 PM 12:26
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515–0902

WASHINGTON OFFICE
426 Cannon Building
Washington, DC 20515–0902
(202) 225–5235

DISTRICT OFFICES
930 Thomasville Road, Suite 101
Tallahassee, FL 32303
(904) 561–3979

Marianna
(904) 526–7518

Lake City
(904) 752–1088

30 West Government Street
Room 203
Panama City, FL 32401
(904) 785–0812

May 19, 1994

The Honorable Donnald Anderson
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

HAND DELIVERED

MC

(1)

Dear Donn:

Please amend my 1993 Financial Disclosure Statement to reflect the answer of "no" instead of "yes" to the preliminary information regarding transactions of asset.

Thank you for your assistance. If you have any questions, please contact Kathleen Semmel in my office.

Sincerely,

Pete Peterson

Pete Peterson, M.C.

DBP:kas

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

26

THOMAS E. PETRI
N5329 DE NEVEU RD
FOND DU LAC, WISC. 54935

414-922-1180

HAND DELIVERED

MC

9

Filer Status	☑ Member	WISCONSIN SIXTH	
Report Type	☑ Annual (May 15)	☐ Termination	☐ Amendment

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☑ No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑ No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑ No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑ No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑ No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐ No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐ No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Thomas E. Petri

DATE: May 13, 1994

2989

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NATIONAL ENDOWMENT FOR THE HUMANITIES	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

T.E. PETRI | 3 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
LABOR POLICY ASSOCIATION, WASH., D.C.	SPEECH	MARCH 13, 1993	$2,000
AMERICAN TRUCKING ASSOCIATION, WASH. D.C.	SPEECH	APRIL 20, 1993	$2,000
SAINT JOHN'S UNIVERSITY, LONG ISLAND, N.Y.	SPEECH	APRIL 3, 1993	$1,000
AMERICAN WAREHOUSE ~~STORAGE~~ ASSOCIATION, WASH., D.C.	SPEECH	FEB 23, 1993	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
	Wisconsin Retirement Acct.				X						X		X	X			NA										
	Strong Total Return Fund				X						X		X	X			NA										
	Firstar Corporation, Stock									X	X													X			P, S
	Walgreen Co., Stock									X	X												X				S
	American Home Products, Stock			X							X							X									
	Banoag Co., Stock							X			X									X							P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. E. PETRI

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	ASSOCIATED BANCORP, STOCK			X							X							X									P
	DOLE CO., STOCK				X						X								X								
	OVERSEAS SHIPHOLDING GROUP, STOCK					X					X									X							
	LLOYDS, & 1ST NATL BANK OF BOSTON (DIVIDENDS)				X								X	X							X						
	COMMERCE CLEARING HOUSE, STOCK				X						X									X							
	UNIVERSAL COMMUNICATIONS, BOND			X									X						X								S
	VALLEY BANK CORP., STOCK						X				X										X						
	NORTHWEST MUTUAL LIFE INSURANCE				X						X									X							
	BERKSHIRE HATHAWAY, STOCK				X												X										
	UNITED AIRLINES, STOCK			X													X										
	FIRSTAR TRUST, CASH			X									X						X								
	PORTICO MONEY MARKET FUND			X									X						X								

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SCHEDULE IV — TRANSACTIONS

Name T. E. Petri | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	FIRSTAR CORPORATION, COMMON STOCK		X		2-2-93				X			
	WALGREEN CO., COMMON STOCK		X		6-7-93		X					
	WARNER COMMUNICATIONS BOND		X		12-31-93	X						
	WALGREEN CO., COMMON STOCK		X		6-14-93				X			
	FIRSTAR CORPORATION, COMMON STOCK		X		MISCELLANEOUS DATES OVER YR	X						
	LLOYD'S OF LONDON, BONDS		X		MISCELLANEOUS DATES OVER YR	X						
	FIRSTAR CORPORATION, COMMON STOCK	X			DIVIDEND REINVESTMENT	X						
	BANCORP CORPORATION, COMMON STOCK.	X			DIVIDEND REINVESTMENT	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	FIRSTAR BANK, MILWAUKEE	LOAN SECURED BY STOCK			X				
	1ST NATIONAL BANK OF BOSTON (CUSHMAN)	LOAN SECURED BY STOCK		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	St. John's University, Long Island	April 3	Wash, D.C.-Long Island-[redacted]	N	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	LLOYDS, UNDERWRITING INSURANCE RISKS, LONDON, ENGLAND.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

THOMAS E. PETRI
6TH DISTRICT, WISCONSIN

2262 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4906
(202) 225-2476

6TH DISTRICT OFFICES:
FOND DU LAC, WI
(414) 922-1180

OSHKOSH, WI
(414) 231-6333

Congress of the United States
House of Representatives
Washington, DC 20515-4906

May 4, 1994

1994 MAY 10 AM 9:02
CLERK OF THE HOUSE
HOUSE OF REPRESENTATIVES

The Honorable Donald K. Anderson
Office of the Clerk
Office of Records & Registration
U.S. House of Representatives
1036 Longworth House Office Building
Washington, D.C. 20515

INSIDE MAIL
1
MC

Dear Mr. Anderson:

I would like to take this opportunity to amend my Financial Disclosure Statement which was filed on April 26, 1994.

I inadvertently dated my signature for May 13, 1994, instead of April 26, 1994, which is the day I completed the financial disclosure statement. I apologize for any inconvenience this may have caused and again would like my signature date changed to April 26, 1994.

If you have any questions or need any additional information, please contact Jennifer Albercht of my staff at 225-2476.

Sincerely,

Thomas E. Petri
Member of Congress

TEP:ja

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:45

HAND DELIVERED
(Office Use Only)

OWEN BRADFORD PICKETT
(Full Name)

2430 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone (202) 225-4215

Filer Status	[X] Member of the U.S. House of Representatives	State VA District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Owen B Pickett

DATE (Month/Day/Year) May 16, 1994

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Name OWEN BRADFORD PICKETT

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Brass Circle Assocs. Note Receivable (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)						X										X										
	Princess Anne Commercial Bank					X							X								X						
	Independent Banks of VA - stock			X							X						X										S
	Beverly Enterprises Mortgage Receivable							X					X									X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Cranston Lane Associs. (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)							X				X	X										X				
	Shipps Corner Nursery Co. (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)							X					X				X										
	Lynnhaven Station Co. (Business: Ownership and rental of commercial offices, Va. Beach, VA)								X			X	X								X						
	Centocor Partners, II, LP (Business: Pharmaceuticals, Malvern, PA)	X											X						X								S
	Sherwood Crossing Assocs. (Business: Apartment construction & rental, Richmond, VA)				X							X	X					X									
	Toll South Assocs. (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)							X				X										X					
S	Nationwide Health Properties						X				X											X					
	Caroline County, VA. farms (Acreage: 795 acres plus 328 acres (half-interest)									X		X										X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Harrell Farm Company (Business: Farm Investments, Va. Beach, VA						X						X	X								X					
	Magnolia Meadows Assocs. (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)					X						X					X										
	GRA Independence Assocs. (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)				X												X										
	GRA Associates (Business: Ownership & rental of apartments, Va. Beach, VA)	X												X									X				S
	Act B Partnership (Business: Ownership, rental improvement & sale of real estate, Va. Beach, VA)	X												X										X			S
	Acreage, Hanover Co., VA (1/2 interest in 28 acres)							X				X							X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Skylakama, Inc. (Business: Ownership, rental, improvement & sale of real estate, Va. Beach, VA)							X				X	X	X								X					
	Genentech Clinical Partners IV (Business: Pharmaceuticals, San Francisco, CA)	X											X									X					P,S
	Dial Reit, Inc.				X						X									X							
	Copley PPTYS, Inc.				X						X									X							
	MGI PPTYS				X						X									X							P
	IRT PPTY Co (Georgia)				X						X									X							P
	Wellsford Residential Prop.	X									X									X							S
	Boulevard Land Trust (Business: Real estate investments in Va. Beach, VA property)				X								X				X										
	Commonwealth of VA DCP State Retire.				X						X								X								
	VA Retirement System			X													X										
S	Bowater Inc. Com.			X							X							X									
S	Chase Manhattan Corp			X							X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	Dial Reit Inc.			X							X								X								
S	Federal Paper Board Co.			X							X							X									
S	First Union Cusip (formerly Dominion Bankshares)			X							X								X								
S	Ford Motor Co.			X							X							X									
S	HRE PPTYS			X							X								X								
S	IRT PPTY Co (Georgia)			X							X								X								P
S	MGI Properties				X						X								X								
S	Signet Banking Corp				X						X								X								
S	Money Market - cash			X							X									X							
S	IRA Kidder, Peabody Investor Acct. consisting of:																										
	Dial Reit Inc.			X							X							X									
	General Electric			X							X								X								
	HRE PPTYS			X							X								X								
	IBM			X							X							X									P
	MGI Properties			X							X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	IRA continued:																										
	Nationwide Health PPTYS Inc				X						X									X							
	Real Estate Inv Tr Cal SBI			X							X								X								
	Santa Anita Oper Co Comb Ctf			X							X								X								
	Govt Money Market - cash			X							X							X									
	IRA Kidder, Peabody Investor Acct. consisting of:																										
	American Brands, Inc.			X							X							X									
	Chase Manhattan			X							X								X								
	Chemical Banking Corp.			X							X								X								
	Copley PPTYS Inc.			X							X								X								
	Dial Reit Inc.				X						X									X							
	Federal Realty Inv. Trust			X							X								X								
	First Union (formerly Dominion Bankshares)				X						X								X								
	Georgia Pacific Corp			X							X								X								
	HRE PPTYS			X							X									X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name OWEN BRADFORD PICKETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	IRA continued:																										
	IRT Property Co.				X						X									X							P
	IBM			X							X							X									
	MGI Properties				X						X									X							P
	Nationwide Health PPTYS Inc.				X						X										X						
	Real Estate Inv. Tr Cal SBI				X						X									X							
	Santa Anita Oper Co Comb Ctf			X							X								X								
	Signet Banking Corp.				X						X									X							
	Gov't Money Market - cash			X							X								X								

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	Centocor Partners, II, LP		X		3-15-93	X						
	Seaboard S&L Assocs - stock		X		12-29-93	X						
	The Commonwealth Bank - stock		X		12-29-93	X						
	Peoples Bank of Va. Beach - stock		X		3-5-93	X						
	GRA Assocs.		X		1-15-93		X					
	Act B Partnership		X		1-1-93			X				
	Wellsford Residential Prop		X		8-6-93	X						
	MGI PPTYS	X			7-2-93		X					
	IRT PPTY Co (Georgia)	X			9-2-93		X					
S	IRT PPTY Co (Georgia)	X			9-1-93	X						
S	IRA - Peabody Kidder:											
	IBM	X			1-6-93	X						
	IRA - Peabody Kidder:											
	Boise Cascade		X		8-31-93	X						
	Bowater, Inc.		X		8-24-93	X						
	Ford Motor Co		X		1-28-93	X						
	IRT Property	X			8-26-93	X						

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SCHEDULE IV — TRANSACTIONS

Name OWEN BRADFORD PICKETT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000+
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	IRA - Peabody Kidder continued:											
	MGI Properties	X			6-8-93 4-29-93	X						
	Occidental Petrol		X		4-12-93	X						
	Genentech - stock	X	X		8-25-93-P 10-18-93-S			X X				
	Independent Banks of VA		X		11-8-93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	First Union (formerly Dominion Bank)	Business Investments		X					
	E.D. & C.D. Proffitt	Farm Mortgage-Caroline Co.			X				
	Cenit Savings Bank, Norfolk, VA	Business Investments				X			
	Princess Anne Commercial Bank	Business Investments					X		
	First Union (formerly Dominion Bank)	Farm Mortgage -Caroline Co.		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Officer & Director	Sylakama, Inc.
Partner	Harrell Farm Co.
Partner	Lynnhaven Station Co
Partner	Brass Circle Assoc.
Partner	Toll South Assoc.
Partner	Cranston Lane Assoc.

CONTINUED*

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

PART VIII - POSITIONS ** continued **

POSITION	NAME OF ORGANIZATION
Partner	Shipps Corner Nursery Co.
Partner	GRA Independence Assoc.
Partner	Magnolia Meadows Assoc.
Partner	Sherwood Crossing Assoc., LP

UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

1994 MAY 16 PM 3:20

James Jarrell Pickle

242 Cannon HOB

Washington, DC 20515 202-225-4865

HAND DELIVERED

Filer Status	X	TX 10th	
Report Type	X		

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: James Jarrell Pickle DATE: May 16, 1994

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Name	James Jarrell Pickle	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Social Security Administration (Mr. Pickle)	SOC.SEC. BENEFITS	$21,667.20

For payments to charity in lieu of honoraria, use Schedule II.

Name [illegible] Page [illegible]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset and/or Income Source	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	First Gibraltar, Austin, TX		X										X					X									S
	NationsBank Accounts, Austin,TX						X						X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES JARRELL PICKLE

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	BankOne Money Market Austin,TX			X									X					X									
	BankOne CDs - Austin,TX					X							X							X							
	TeamBank Austin, TX	X											X						X								S
	Cong. Fed. Credit Union, Wash,DC					X							X							X							
	Paine Webber Cash Fund			X							X							X									
	RMA Tax Free Fund					X					X									X							
	Trust Southwest			X							X							X									
	Univ. of Texas Bond						X						X										X				
	North Central Austin Bond (MUD)			X									X						X								
	Royce City School Bond Royce City, Texas					X							X									X					
	Eanes School Bond Austin, Texas						X						X										X				
	Lake Travis School Bond Austin, Texas					X							X								X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES JARRELL PICKLE | Page 5 of 10

Description	BLOCK B Value of Asset: $1,000	$1,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $250,000	$250,001 - $500,000	$500,001 - $1,000,000	BLOCK C Type of Income: DIVIDEND	INTEREST	RENT	ROYALTY	BLOCK D Amount of Income: $1 - $200	$201 - $1,000	$1,001 - $2,500	$2,501 - $5,000	$5,001 - $15,000	$15,001 - $50,000	$50,001 - $100,000	$100,001 - $1,000,000	BLOCK E Transaction
Fort Bend Texas Bond				X					X						X					
City of San Antonio, Texas Bond	X								X					X						S
Veterans Adm. Life Ins.				X					X					X						
Grapevine Colleyville Bond, TX				X					X						X					
Paine Webber Asset Alloc. Fund	X							X				X								S
Paine Webber MFS Intermed Fund	X							X						X						S
Nuveen Municipal Fund				X				X						X						
ACM Managed Income Fund	X							X							X					S
Damson Oil Royalty		X								Royalty			X							
City of Austin, Texas Bond				X					X						X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES JARRELL PICKLE

SP DC JT	Asset and Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - Over	BLOCK C Type of Income: DIVIDEND	RENT	INTEREST	ROYALTY	CAPITAL GAIN	EXCEPTED TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P	S	E
	Niederwald, TX																												
	Lease of land for grazing* (formerly called Fidelity Bankers)		X										X						X										
	Hartford Life Ins. Annuity					X							Annuity				X												
	Electrosource Inc., Austin, TX		X								X						X												
	Paine Webber Equity Trust			X							X							X											
	Paine Webber Property Invest.Fund				X						X										X								
	Lots near Lake LBJ Llano, TX				X												X												
	81.95 acres near Niederwald,TX						X						X				*see first listing this page												
	41.3 acres near Niederwald, TX					X											X												
	Half interest in 49.8 acres near Niederwald, TX				X												X												
	Bryan, TX ISD Bond					X								X							X								
	Rowlett, TX Bond					X								X							X								
	Pearland, TX Bond					X								X							X								
	Dennison, TX Waterworks Bond					X								X								X							
	Parker & Parsley (formerly KOCH)		X										Royalty					X											
	LCRA Bond Austin, TX					X								X							X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES JARRELL PICKLE Page 7 of 10

SP DC JT	Income Source	BLOCK B: Year-End Value of Asset — A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	BLOCK C: Type of Income — DIVIDENDS	RENTS AND ROYALTIES	INTEREST	BUSINESS INCOME	LIMITED PARTNERSHIP	BLOCK D: Amount of Income — I None (or less than $201)	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E: Transaction — P, S, E
	Govt Income Securities			X						X							X							
	Lower Colorado River, TX Mun. Bond				X							X						X						
	Personal Loan to Scott Benson			X								X				X								
	Colorado River Texas Municipal Water District Bond			X								X					X							
	Austin Independent School Bond				X							X							X					
	Odessa, TX REF. Waterworks Bond			X								X					X							
	Allen, TX Bond			X								X					X							
	Texas Municipal Power Bond			X								X						X						
	Coppell, TX Independent School District Fund			X								X					X							P
	Franklin Federal			X								X				X								P
	Van Kampden Merritt Trusts					X				X									X					P
	Lubbbock, TX ISD Bond			X								X				X								P
	Investment Co. America Fund				X					X							X							P
	Washington Mutual Investment Fund				X					X							X							P

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SCHEDULE IV — TRANSACTIONS

Name JAMES JARRELL PICKLE

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	First Gibraltar, Austin, TX		X		4-6-93		X					
	Team Bank, Austin, TX		X		6-2-93		X					
	City of San Antonio, Texas Bond		X		5-3-93		X					
	Paine Webber Asset Allocation Fund		X		4-13-93			X				
	Paine Webber MFS Intermediate Fund		X		12-31-93		X					
	ACM Managed Income Fund		X		12-28-93			X				
	Coppell, TX Independent School District Bond	X			5-24-93		X					
	Franklin Federal	X			7-2-93		X					
	Van Kampden Merritt Trusts	X			12-28-93				X			
	Lubbock, TX ISD Bond	X			4-8-93		X					
	Investment Company America Fund	X			4-13-93			X				
	Washington Mutual Investment Fund	X			4-13-93			X				

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Name JAMES JARRELL PICKLE | Page 9 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NationsBank, Austin, TX	Mortgage on 2702 Hillview Green Austin, TX				X			
	3900 Watson Place, INC	Mortgage 3900 Watson Pl, Wash, DC	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Bd of Directors	National Wildflower Research Center, Austin, Texas

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12:41

Richard William Pombo

1519 Longworth H.O.B. (202) 225-1947

Washington, D.C. 20515

Filer Status	X Member of Congress	CA 11	
Report Type	X Annual (May 15)	Amendment	Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Richard Pombo

DATE (Month/Day/Year): 5/16/94

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Phillip Morris Company, Wash., D.C.	Speech	April 26, 1993	$1,000

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Name Richard W. Pombo | Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X														
	Westside Bank Common Stock			X							X								X								
	R. Pombo Ranch II Partnership						X																				
	Annette's Gift Shop						X																				

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Westside Bank, Tracy, CA	Personal Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Richard W. Pombo	Page 5 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NAHB	Feb. 19-21	S.F., CA - Las Vegas-S.F.	Y	Y	Y	N
	The Congressional Institute	Feb. 25-27	Wash,D.C.-Princeton-D.C.	Y	Y	Y	N
	K.A.R.E.	Jun. 4-6	S.F., CA -Redding, CA-S.F.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	R. Pombo Ranch II

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:28

Congressman Earl Pomeroy
(Full Name)

318 Cannon House Office Building
(Mailing Address)

202-225-2611
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State ND District At-Large	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Earl Pomeroy

DATE (Month/Day/Year) 5/16/94

2978

Name Congressman Earl Pomeroy | Page 2 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
The University of North Dakota	Speech	May 16, 1993	$1,000
National Association of Independent Insurers	Speech	March 1, 1993	$500

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Name Congressman Earl Pomeroy | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Guarantee Mutual Life Co		X										X					X									
JT	Bank Center One			X									X						X								
S	Bank Center One			X									X						X								
	* Deferred Comp. Plan - IDS				X								X														
	* Deferred Comp. Plan - IDS			X									X														
S	* Deferred Comp. Plan - IDS			X									X														

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Congressman Earl Pomeroy

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	* Deferred Comp. Plan			X									X														
	* IRA - IDS			X									X														
	* IRA - IDS			X									X														
	* IRA - IDS			X									X														
S	* IRA - IDS			X									X														
S	* IRA - IDS			X									X														
	Public Employees Retire System				X								X														
	Public Employee Retire System				X								X														
	Basement apt. at 3721 Fulton Wash. DC Rental Income											X										X					
	Wright Patman Congressional Credit Union	X											X					X									

* INVESTED WITH INSTITUTION AND THE INDIVIDUAL HAS NO DISCRETION REGARDING PURCHASES OR SALES OF ASSETS IN ACCOUNTS

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AgriBank - Farm Credit Bank	4-6-93	Bismarck - MSP - DC	N	N	N	N
	National Association of Independent Insurers	10-31/11-1	DC - Toronto - NY	Y	Y	N	N
	Professional Liability Underwriting Society	11-11-93	DC - Chicago - Bismarck	N	N	N	N
	Insurance Accounting & Systems Association	11-27/11-29	Bismarck - MSP - DC	N	N	N	Y (1 day)
	Mid-West Electric Consumers Assoc	12-15-93	Fargo - Sioux Falls - Grand Forks	N	N	N	N
	Maslon Edelman Borman & Brand	1-24/1-25	DC - MSP - DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

REC'D
1994 MAY 16 PM 3:50
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

JOHN EDWARD PORTER
1625 SHERIDAN ROAD
WILMETTE, IL 60091 708-940-0202

Filer Status	☒ Member of Congress	ILLINOIS 10TH	☐
Report Type	☐ Annual (May 15)	☐ Nominee/Candidate	☐ Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month, Day, Year) MAY 15, 1994

2983

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	(S) CONSERVATION INTERNATIONAL FDN	SPOUSE SALARY	NA
	ESTATE OF DISABLED PERSON FOR WHOM FILER SERVES AS GUARDIAN	GUARDIAN'S FEE	$1,750

For payments to charity in lieu of honoraria, use Schedule II.

JOHN EDWARD PORTER | Page 3 .7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13, 14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
THE AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY	SPEECH	APRIL 19, 1993	$2,000
THE AMERICAN MEDICAL ASSOCIATION	SPEECH	NOV. 5, 1993	$2,000
UNITED INSURANCE CO. OF AMERICA	SPEECH	OCT 23, 1993	$2,000

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Name: JOHN EDWARD PORTER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset (at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None.")

BLOCK C — Type of Income (If other than one of the listed categories, specify the type of income by writing a brief description in this block)

BLOCK D — Amount of Income (For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.)

BLOCK E — Transaction (Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.)

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	CONG. FED CREDIT UNION INDIVIDUAL RETIREMT ACCT			X									X						X								
	FRANKLIN U.S. GOV. SEC. FUND INDIVIDUAL RETIREMT ACCT			X									X						X								
	BANK ONE EVANSTON, IL SAVINGS ACCT			X									X						X								
S	FIRST MIDWEST BANK INDIVIDUAL RETIREMT ACCT			X									X						X								
S	CONG. FED CREDIT UNION INDIVIDUAL RETIREMT ACCT			X									X						X								
S	FRANKLIN U.S. GOV. SEC. FUND INDIVIDUAL RETIREMT ACCT			X									X						X								

For additional assets and unearned income, use next page.

JOHN EDWARD PORTER
Name

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	CONG. FEDERAL CREDIT UNION	LINE OF CREDIT		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICAN MEDICAL ASSOCIATION	MAR 19-MAR 21	WASH D.C.-LONGBOAT KEY, FLA-WASH, D.C.	Y	Y	Y	1 DAY
	SMS CORPORATION	APR 30-MAY 3	WASH D.C.-TUCSON, AZ-WASH D.C.	Y	Y	N	N
	VISION 2047, HONG KONG	AUG 23-AUG 28	WASH D.C.-HONG KONG	Y	Y	Y	N
	GLOBE USA (GLOBAL LEGISLATORS ORG. FOR BALANCED ENVIRONT)	AUG 28-SEP 3	HONG KONG-TOKYO-WASH D.C.	Y	Y	Y	N
	UNITED INSURANCE CO. OF AMERICA	OCT 22-OCT 24	WASH D.C.-SCOTTSDALE AZ-WASH D.C.	Y	Y	Y	N
	AMERICAN MEDICAL ASSOCIATION	NOV 4-NOV 6	WASH D.C.-DALLAS, TX-WASH D.C.	Y	Y	Y	N
	CONSERVATION INTERNATIONAL FOUNDATION	OCT 7-OCT 9	WASH D.C.-SONOMA, CALIF-WASH D.C.	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	POPULATION RESOURCE CENTER
CO-CHAIRMAN	CONGRESSIONAL HUMAN RIGHTS CAUCUS
PRESIDENT & CHAIRMAN	GENERAL SERVICES CORPORATION
VICE PRESIDENT	GLOBE USA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

2989

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:13

ROBERT J. PORTMAN
(First Name)

421 BERRY AVENUE
(Mailing Address)

CINCINNATI, OHIO 45208-1206

John J. Centarella
(513) 423-5100
(Telephone Number)

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 2	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Rob Portman

DATE (Month/Day/Year): 5/16/94

2990

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Greater Cincinnati Foundation, Cincinnati, Ohio	Spouse's salary	NA
	Richard Saunders, International, Cincinnati, Ohio	Spouse's salary	NA
	Graydon, Head & Ritchey, Cincinnati, Ohio	Legal fees*	79,986

*prior to election to Congress on 5/4/93

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peona, IL accounts					X							X							X							
	Nuveen Municipal Value Fund					X							X									X					
	Ohio Municipal Cash Trust				X								X						X								
	Greenwood Trust BIF Insured	X											X						X								S
	Ashwood Farms, Inc. Springboro, Ohio (Warren County)			X							X						X										
	Gradison Cash Reserves merged into Gradison U.S. Govt't Reserves on 9/27/93			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT J. PORTMAN

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	Charity, Salary	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
Golden Lamb Trust - land, bldg. located in Lebanon, Ohio						x					x											x				
Lebanon House, Inc. Cincinnati, Ohio							x			x									x							
Gradison-McDonald Ohio Tax-Free Income Fund					x							x								x						S
Gradison-McDonald Established Value Fund				x						x										x						
Gradison-McDonald Opportunity Value Fund			x							x								x								
Advance Handling Systems, Inc. Cincinnati, Ohio					x					x						x										
Portman Equipment Company Cincinnati, Ohio							x			x													x			
Peavler Ptn. - land and bldg. 4331 Rossplain Rd., Cincinnati Ohio; 1342 Jamike Dr., Erlanger, Kentucky							x				x										x					
Orchard Street Properties Cincinnati, Ohio		x									x					x										
Bonasa General Ptn., farm land located near Parsons, W.VA. (sold 2/28/94)			x								x					x										
Mariemont Village Properties Limited Partnership Interest			x										x			x										
Tait House Apartments, Ltd. Apt. bldg., Brunswick, Georgia			x										x			x										
Portman Trust #1, land and bldg. 4331 Rossplain Rd., Cincinnati, Ohio (Terminated 5/3/93)	x										x										x					E

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT J. PORTMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Portman Trust #2, land and bldg 4331 Rossplain Rd., Cincinnati, Ohio (terminated 5/3/93)	x										x										x					E
	Portman Trust #3, land and bldg 4331 Rossplain Rd., Cincinnati, Ohio (terminated 5/3/93)	x										x										x					E
	Procter & Gamble Company			x							x							x									
	IRA, Collier Browne & Schickling Cert. of Accrual Treasury			x									x							x							
	IRA, Collier Browne & Schickling Kroger Co., Sr. Sub. Deb.	x											x					x									S
	IRA, Collier Browne & Schickling Treas. Invt. Growth Recpts. Ser 9			x									x						x								
	Jacor Communications, Inc. (sold 2/11/93)	x									x						x										S
	Baldwin Piano & Organ Co.			x							x						x										
	Collier, Brown & Co., Milford, OH; Credit Interest Accounts	x											x				x	See below (1)									
	IRA, Collier Browne & Schickling Cash, Milford, OH			x									x					x									
	Partnership Interest Graydon Head & Ritchey	x									Earned income, see Schedule 1																S
	Graydon Head & Ritchey Retirement Plan, Cincinnati, Ohio				X						NA																

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(1) This was reported in error on last statement. No accounts existed in 1992 or 1993.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT J. PORTMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
SP	Colonial Strategic Income Fund						x				x										x						
SP	VMBF - Intermediate - Term							x			x											x					
SP	Alex Brown Cash Reserve Fund				x								x						x								
SP	N. Carolina Eastern Mun. Power Due 01/01/1997			x															x								
SP	N. Carolina HFA Single Fam. Due 01/01/1993	x											x				x										S
SP	Wilmington Inc. Pub. Imp. Due 03/01/1995				x								x							x							
SP	N. Carolina HFA Single Fam. Due 07/01/1996	x											x				x	See below (2)									
SP	Gradison McDonald Established Value Fund						x						x								x						
SP	Gradison Cash Reserves merged into Gradison U.S. Gov't Reserves on 9/27/93																										
SP	IRA, Alex Brown & Sons Winston Salem, N. Carolina				x								x						x								
SP	Flagship Limited Term				x								x				NA										
SP	American Electric Power, Inc.	x									x						x										P
SP	Bell South Corporation	x									x						x										S
SP	Carolina Power & Light	x									x						x										S

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(2) This was reported in error in 1992. No bond existed during 1992 or 1993.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT J. PORTMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Central & Southwest Corp.	x									x							x									S
SP	Computer Usage Company	x									x						x										S
SP	FPL Group Inc.	x									x							x									S
SP	Nuveen Municipal Value Fund					x					x										x						
SP	KU Energy Corp. Holding Co.	x									x							x									S
SP	Pacific Telesis Group	x									x							x									S
SP	Pacific Corp.	x									x							x									S
SP	Public Service Enterprise Group	x									x							x									S
SP	Salem Trust Bank		x								x						x										
SP	Texas Utilities	x									x							x									S
SP	Atlantic Richfield Co. Reg. Notes	x											x					x									S
SP	American Express Co. ~~Noncall Notes~~			x														x									
SP	Portman Equipment Company				x						x											x					
DC	Flag Investors Quality Growth Fund			x							x							x									
DC	Flag Investors Quality Growth Fund			x							x							x									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT J. PORTMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
DC	Procter & Gamble Company				x						x							x									
DC	Joseph D. Portman Irrv. Tr.			x							x							x									
DC	Procter & Gamble Company			x							x							x									
DC	William D. Portman Irrv. Tr.			x							x							x									

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SCHEDULE IV — TRANSACTIONS

Name ROBERT J. PORTMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Greenwood Trust CD (Redemption)		X		6/14/93	X						
	Portman Trust #1, land and bldg. 4331 Rossplain Rd., Cincinnati, Ohio			X	5/3/93				X			
	Portman Trust #2, land and bldg. 4331 Rossplain Rd., Cincinnati, Ohio			X	5/3/93			X				
	Portman Trust #3, land and bldg. 4331 Rossplain Rd., Cincinnati, Ohio			X	5/3/93				X			
	IRA, Collier Browne & Schickling Kroger Co. Sr. Sub. Deb. (called)		X		1/29/93	X						
	Jacor Communications, Inc.		X		2/11/93	X						
	Partnership Interest Graydon Head & Ritchey		X		5/4/93		X					
SP	N. Carolina HFA Single Family Bond Due 01/01/93 (redemption)		X		4/4/93	X						
SP	Flagship Limited Term	X			10/5/93		X					
SP	American Electric Power, Inc.		X		5/4/93	X						
SP	Bell South Corporation		X		5/4/93	X						
SP	Carolina Power & Light		X		5/4/93	X						
SP	Central & Southwest Corp.		X		5/4/93	X						
SP	Computer Usage Company		X		7/15/93	X						
SP	FPL Group Inc.		X		5/4/93	X						
SP	KU Energy Corp. Holding Co.		X		5/4/93	X						

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SCHEDULE IV — TRANSACTIONS

Name ROBERT J. PORTMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	Mega Corporation Common Stock	X			10–12–93		X					
SP	Pacific Telesis Group		x		5/4/93	x						
SP	Pacific Corp.		x		5/4/93	x						
SP	Public Service Enterprise Group		x		5/4/93	x						
SP	Texas Utilities		x		5/4/93	x						
SP	Atlantic Richfield Co. Reg. Notes		x		1/1/93	x						
	Gradison McDonald Ohio Tax Free		x		3/3/93		x					
	Gradison McDonald Established Value Fund	x			Mthly Div. Reinvstm.	x						
	Gradison McDonlald Ohio Tax-Free Income Fund	x			Mthly Div. Reinvstm.	x						
SP	VMBF - Intermediate Term	x			Mnthly Div. Reinvstm.	x						
SP	Gradison McDonald Established Value Fund	x			Mthly Div. Reinvstm.	x						

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2999

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Portman Equipment Company Cincinnati, Ohio	Demand Loan				x			
	Mortgage on Personal Residence Excluded per Instructions								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

3000

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director, Officer	Portman Equipment Company, Cincinnati, Ohio (resigned effective 5/5/93)
Director, Officer	Lebanon House, Inc., Cincinnati, Ohio (resigned effective 5/5/93)
Partner	Graydon Head & Ritchey, Cincinnati, Ohio (resigned effective 5/5/93)
Partner	Peavler Partnership
Partner	Bonasa General Partnership
Limited Partner	Orchard Street Properties

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-684 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Mariemont Village Properties
Limited Partner	Tait House Apartments, Ltd.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

3002

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

16

Glendal William Poshard

1601 Estate Drive, Marion, Illinois 62959 618-993-8532

Filer Status	[X] Member of the U.S. House of Representatives — State IL District 19	[ ] Officer or Employee	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Term Begin Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Glendal William Poshard DATE (Month, Day, Year) 5-12-94

3003

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Member's Salary	NA
	Carterville Community Unit School District #5	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

3004

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
NA			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Glendal William Poshard | Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Thrift Savings Plan U.S. House of Representatives					X							X								X						
JT	Savings Account Carterville State and Savings Bank		X										X						X								
JT	Municipal Bonds A.G. EdWards Investment Firm		X										X					X									
JT	Investment Income, Bank of N.Y. First Investors Fund, Inc., N.Y.			X									X	X					X								
JT	Savings Account Southern IL Schools Credit Union		X										X				X										
	IRA - Glenn Poshard King City Federal S & L				X								X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Glendal William Poshard

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	IRA - Jo Poshard King City Federal S & L				X								X							X							
JT	State Scholarship Bonds State of Illinois				X								X							X							
	Deferred Compensation Plan State of Illinois				X								X							X							
JT	Annuity Columbus Mutual Life Ins. Co.				X								X								X						
JT	Annuity Columbus Mutual Life Ins. Co.					X							X								X						
JT	Annuity Edward D. Jones Investment Co.				X								X								X						
JT	Annuity Massachusetts Mutual Ins. Co.				X								X							X							
SP	Retirement Funds Illinois State Retirement System				X								X							X							
	Retirement Funds Illinois State Retirement System				X								X							X							
	Life Insurance State Farm Insurance Company			X									X							X							

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SCHEDULE IV — TRANSACTIONS

Name Glendal William Poshard

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					

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3008

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

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3010

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 - 75-884 (rev.)

Use additional sheets if more space is required.

3011

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

16

David Eugene Price
(Full Name)
2456 Rayburn H.O.B.
(Mailing Address)
Washington, DC 20515
(Daytime Telephone)
202 225 1784

DC

RECEIVED
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State NC District 4	☐ Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☒ Annual (May 15)	☐ Amendment		☐ Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒ No ☐
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL David Price

DATE (Month/Day/Year) May 13, 1994

3012

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Town of Chapel Hill, North Carolina	spouse salary	NA
	Westview Press	book royalties	*3181.63

For payments to charity in lieu of honoraria, use Schedule II.

3013

Name David E Price	Page 5 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
The Brookings Institution 1775 Massachusetts Avenue NW Washington, DC 20036-2188	speech	02.24.93	$400
The Brookings Institution	speech	03.29.93	$400
The Brookings Institution	speech	03.29.93	$400
The Brookings Institution	speech	06.16.93	$400
The Brookings Institution	speech	10.20.93	$400

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Examples:	Block A: Asset and/or Income Source	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP	SP	Mega Corp. Stock				X						X								X								P
DC	DC	123 Main St., Dover, Del.							X				X										X					
JT	JT	1st Bank of Peoria, IL accounts					X							X														
		BB&T Certificate of Deposit				X								X							X							
		Smith Barney Money Market Unit			X							X								X								
		NC Eastern Municipal Power Agency Bonds				X								X								X						
		Duplin Co, NC Municipal Bonds			X									X				X										P
		American Precision Industries Stock			X							X							X									
		Pepsico Stock			X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David E Price

Page 5 of 6

Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D	E $100,001 – $250,000	F	G $500,001 – $1,000,000	H	BLOCK C Type of Income: DIVIDENDS	INTEREST		EXCEPTED TRUST	TRUST	BLOCK D Amount of Income: I None	II	III	IV	V	VI	VII	VIII	IX	BLOCK E Transaction: P, S, E
Coca Cola Stock			X						X						X								
General Electric Stock		X							X						X								
Merck Co. Stock		X							X						X								
Consolidated Natural Gas Stock		X							X					X									P
Emerson Electric Stock		X							X					X									P
McDonalds Corp. Stock		X							X					X									P
Minnesota Mining & Manufacturing Stock		X							X					X									P
Motorola Stock		X							X					X									P
Northwest Mutual Life Insurance Policy		X							X						X								
TIAA/CREF Retirement Plan					X						Na						Na						

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3016

SCHEDULE IV — TRANSACTIONS

Name David E. Price | Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Duplin Co, NC municipal Bonds	X			08 17 93	X						
	Consolidated Natural Gas Stock	X			08 17 93	X						
	Emerson Electric Stock	X			08 17 93	X						
	McDonalds Corp. Stock	X			08 17 93	X						
	Minnesota Mining & Manufacturing Stock	X			08 17 93	X						
	Motorola Stock	X			08 17 93	X						

This page may be copied if more space is required.

Name David E. Price | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Univ. of Toronto	Oct 17-19	Raleigh-Toronto - DC	Y	Y	N	N
	Yale University - Council Committee on Social Sciences	Dec. 2	Raleigh - New Haven - D.C.	N	Y	N	N

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3018

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
professor on leave	Duke University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1993-4	Duke University	unpaid leave of absence

GPO 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
18 '94 3 04

(16)

Deborah D. Pryce

5602 Riverside Drive Dublin, Ohio 43017 614-766-1906

Filer Status	[X] Member of the House of Representatives	State Ohio District 15th	[ ]
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Deborah D. Pryce

DATE (Month/Day/Year): 5-13-94

3020

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	House of Representatives, Columbus, Ohio	Representative salary	121,724
	Green Terrace Development Co., Columbus, Ohio	Spouse's Director Fee	35,000
	Commercial One Realtors, Inc., Columbus, Ohio	Spouse's Real Estate Commissions	47,885
	United Ohio Insurance Company	Spouse's Director Fee	975
	Ohio Mutual Insurance	Spouse's Director Fee	3,095
	Appraisal and Real Estate Consulting	Spouse's Income from Business	6,904

For payments to charity in lieu of honoraria, use Schedule II.

30021

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Amusement & Music Operators Association	Appearance	May 18, 1993	200.00
Ohio Grocers' Association	Appearance	June 22, 1993	100.00

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3022

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	State Savings Bank, Savings Account				X								X					X									
	Bank One, Common Stock				X						X									X							
JT	Huntington National Bank			X									X						X								
SP	Zoom, Ltd (Partnership)				X								X					X									
SP	Pyramid Investments (Partnership)							X				X	X	X										X			
SP	Equitable Capital Partners (Partnership)			X									X						X								

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Deborah D. Pryce

	BLOCK A Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income					BLOCK D Amount of Income								BLOCK E Transaction
		A $1 – $1,000	B	C $15,001 – $50,000	D	E $100,001 – $250,000	F	G $1,000,001 – $5,000,000	H	DIVIDEND/RENT/ROYALTY		INTEREST		CAPITAL GAIN/LOSS	I	II $201 – $1,000	III	IV $2,501 – $5,000	V	VI $10,001 – $50,000	VII	VIII $100,001 – $1,000,000	IX	P, S, E
SP	Walker Partnership					X						X						X						
SP	Merrell Lynch (IRA Retirement) (A)			X				SEE BROKERS STATEMENT						X		X								
	Personal (Retirement) PUBLIC EMPLOYEES RETIREMENT					X								X	RETIREMENT FUND SPONSORED BY STATE OF OHIO									
JT	Steel Technologies, Inc.			X						X					X									
SP	Work Force One, Inc.			X						X						X								
SP	Massachusettes Emerging Growth (IRA) (E)			X				SEE BROKERS STATEMENT						X		X								
	Congressional Federal Credit Union (Svgs)				X								X			X								
	Congressional Federal Credit Union (Chg)	X											X			X								
SP	OHIO COMPANY (IRA RETIREMENT) (B)			X				SEE BROKERS STATEMENT						X		X								
SP	MERRELL LYNCH (COMPANY RETIREMENT) (C)				X			SEE BROKERS STATEMENT						X										
	OHIO COMPANY (IRA RETIREMENT) (D)			X				SEE BROKERS STATEMENT						X		X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Deborah D. Pryce

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
SP	Docucom, Inc.		X		4-21-/93	X						
SP	THE OHIO COMPANY (IRA RETIREMENT)	X			12-17-93	X						
	THE OHIO COMPANY (IRS RETIREMENT) - CARDINAL FUND	X			3-18-93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities owed** to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Enterprise Institute Brookings Institution Congressional Research Service (1)	Jan 7-11	Washington, D.C. - Williamsburg, Williamsburg, VA - Wash D.C.	Y	Y	Spouse & Daughter	N

(1) American Enterprise Institute, Brookings Institution, and Congressional Research Service sponsored the Williamsburg Orientation Conference for New Members & Families from Jan 7 to 11, 1993 The 7th & 11th were travel days.

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Trustees of the National Fund for the U.S. Botanical Garden

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1978	State of Ohio Public Employees Retirement under Chapter 145.01 of Ohio Revised Code	Qualified retirement plan to begin at retirement at age 65

GPO 1994 - 75-884 (rev.)

Use additional sheets if more space is required.

3028

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

ACCOUNT #	I/C #	PAGE #	SOCIAL SEC. #
[illegible]	[illegible]	1	[illegible]

STATEMENT PERIOD 11/27/93 TO 12/31/93

EIN NUMBER 00-0000000

FINANCIAL CONSULTANT
THOMAS C PULFRI
(614) 225-3133

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
100 E. BROAD ST.
COLUMBUS OHIO 43215

MLPFB S CUST FPO
RANDY L WALKER IRA
FBO RANDY L WALKER
340 E GAY ST
COLUMBUS OH 43215-3213

** 43215-3213

***** SUMMARY OF YOUR IRA PLAN *****

VALUATION OF PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/92. . . .	$6,602.15	THIS PERIOD	$192.88CR
AS OF 12/31/93. . . .	$8,026.24	THIS YEAR	$192.88CR

***** CONTRIBUTION INFORMATION *****

TAX YEAR 1992	TAX YEAR 1993
$.00	$.00

***** DISTRIBUTION INFORMATION *****

TAX YEAR 1992	TAX YEAR 1993
$.00	$.00

***** YOUR DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
11 27	OPENING BALANCE			$.75CR
12 22	*DIVIDEND	ML BASIC VALUE FUND CL A		$106.68CR
12 22	REINVESTMENT	ML BASIC VALUE FUND CL A		$106.68
12 22	*LG TM CAP GAIN	ML BASIC VALUE FUND CL A		$86.20CR
12 22	REINVESTMENT	ML BASIC VALUE FUND CL A		$86.20
12 22	DIVD REINV	3 ML BASIC VALUE FUND CL A AGENT REINV AMOUNT $86.20 REINV PRICE $23.15 QUANTITY BOT 3.7240		
12 22	DIVD REINV	5 ML BASIC VALUE FUND CL A AGENT REINV AMOUNT $106.68 REINV PRICE $23.15 QUANTITY BOT 4.6080		
12 31	CLOSING BALANCE			$.75CR

***** YOUR INVESTMENTS *****

INVESTMENTS IN YOUR ACCOUNT	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
343.4170 ML BASIC VALUE FUND CL A	23.370	$8025	2.80	$225
TOTAL MARKET VALUE OF PRICED INVESTMENTS		$8025		$225

MONEY ACCT POSITIONS @ $1.00 PER SHARE	OPENING BALANCE AS OF 11/27	CLOSING BALANCE AS OF 12/31	DIVIDENDS/INTEREST THIS PERIOD	YEAR TO DATE
ML RETIREMENT RESERVES	$.49	$.49	$.00	$.00

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+000004524

DECEMBER, 1993

Please advise your Financial Consultant immediately of any discrepancies in your statement or if you contemplate changing your address. When making inquiries please mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029R (REV 10-93)

Merrill Lynch

(A)

[illegible] 16:10 614-228-5628 P.2

Period Ending
DECEMBER 31, 1993
Account Number
01 90090 A C

Type of Account
SELF-DIRECTED IRA
Your Taxpayer Identification Number
298-46-3616

The Ohio Company

155 East Broad Street
Columbus, Ohio 43215

MEMBER NEW YORK STOCK EXCHANGE
MEMBER SIPC

THANK YOU FOR INVESTING WITH THE OHIO COMPANY

Tax Season Is Near!

The 1993 Tax Act can have a substantial impact on your taxes, so please review your holdings from a tax standpoint. Contact your Account Executive for assistance in evaluating your portfolio.

THE OHIO COMPANY CUST. FBO
RANDY L. WALKER
340 E. GAY ST.
COLUMBUS, OH. 43215

DATE	SHARES OR PAR VALUE RECEIVED	SHARES OR PAR VALUE DELIVERED	DESCRIPTION	PRICE OR ENTRY	CHARGES	CREDITS
			BALANCE AS OF NOVEMBER 30, 1993			.00
.17			CARDINAL FUND INC	CAPR		81.93
.17	6.556		CARDINAL FUND INC 12-16-93 12-30-93	REINV	81.93	
.17			CARDINAL FUND INC	DIVR		17.68
.17	1.414		CARDINAL FUND INC 12-16-93 12-30-93	REINV	17.68	
			BALANCE AS OF: DECEMBER 31, 1993			.00
			SECURITY POSITION AS OF: DECEMBER 31, 1993			
			EQUITY SECURITIES			-VALUATION-
	302.670		CARDINAL FUND INC	12.850		3,889.31
			VALUE OF PRICED SECURITIES			3,889.31
			TOTAL VALUATION OF PRICED SECURITIES			3,889.31

THE PRICES INDICATED ABOVE ARE APPROXIMATE AND ARE INTENDED TO BE OF HELP TO YOU IN ESTABLISHING THE VALUE OF YOUR PORTFOLIO. NR DENOTES THAT A PRICE WAS NOT AVAILABLE

			TOTAL STATEMENT VALUATION			3,889.31

END OF STATEMENT

PLEASE PRESERVE THIS STATEMENT FOR INCOME TAX PURPOSES. ADVISE IMMEDIATELY IF THIS STATEMENT IS NOT CORRECT
CUSTOMER COPY

B

Merrill Lynch

RCMA™ for Business Retirement Plans
Monthly Statement

Summary Page

December 1993

Account No.	Taxpayer No.	Page	Statement Period
656-05051	299-46-3616	1 OF 4	11/27/93 TO 12/31/93

Your Financial Consultant	Office Serving Your Account	Questions?
THOMAS C PULERI FC#9699 (614) 225-3133	100 E. BROAD ST. COLUMBUS OHIO 43215	Call Your Financial Consultant OR 1-800-637-9262

RANDY L WALKER
340 E. GAY STREET
COLUMBUS OHIO 43215-3213

Account Summary

Opening Balance	Closing Balance	Borrowing Power	Market Value	Total Money Funds	Estimated Accrued Interest	Priced Portfolio
$0.65	$1.22	$0.00	$17,225	$2,307.00	$0	$19,533.22

Special Monthly and Year-to-Date Information

Description		This Statement	Year to Date
DIVIDENDS:	CMA MONEY FUND	$6.57	$50.55
	LONG TERM CAPITAL GAINS	$90.55	$250.36
	INVESTMENTS	$71.81	$348.64
	SUBTOTAL	$168.93	$649.55

'94-05-10 16:09 614-228-5628

E ELIGIBLE COMPENSATION LIMIT FOR QUALIFIED PLANS HAS DECREASED. CONSIDER ADDING AN ADDITIONAL PLAN TO MAXIMIZE CONTRIBUTIONS.

©

We urge you to keep this statement with your investment records.

Please advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement or account or if you contemplate changing your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement, product inquiries by telephone 1-800-637-9262 or in writing to Merrill Lynch CMA Operations, New Brunswick, N.J. 08989-0566. When making inquiries, please give your account number. See back of page for definitions of key terms.

CODE 7080R (R10-92)

Merrill Lynch, Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

3081

Merrill Lynch

RCMA™ for Business Retirement Plans
Monthly Statement

Account No	Taxpayer No	Page	Statement Period
656-05051	299-46-3516	2 OF 4	11/27/93 TO 12/31/93

RANDY L WALKER
340 E. GAY STREET

Investments

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Current Market Value	Estimated Current Yield %	Estimated Annualized Income	Estimated Accrued Interest
EQUITIES							
**BANC ONE CORP OHIO	ONE	116	39.125	$4,538	3.16	$143	
HUNTINGTN BANCSHARES	HBAN	71	23.625	$1,677	3.38	$57	
EQUITABLE CAPITAL PARTNERS RETIREMENT FUND LP 88		4	671.000	$2,684			
SUBTOTAL				$8,899		$200	
MUTUAL FUNDS & UNIT INVEST TRUSTS							
ML BASIC VALUE FUND CL B		359.0490	23.190	$8,326	2.10	$175	
TOTALS FOR PRICED INVESTMENTS				$17,225.00		$375	
CASH				$1.22			
MONEY ACCOUNTS: CMA MONEY FUND				$2,307.00			
Priced Portfolio				$19,533.22			

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount	Cash and CMA Money Accounts
11/27		*Opening Balance*				$2,301.65
11/22	* DIVIDEND	ML BASIC VALUE FUND/CL B			$71.81	
11/22	REINVESTMENT	ML BASIC VALUE FUND/CL B			-$71.81	
11/22	* LG TM CAP GAIN	ML BASIC VALUE FUND/CL B			$90.55	

CONTINUED ON NEXT PAGE

Please advise your Financial Consultant immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you contemplate changing your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement, direct inquiries by telephone to (609) 637-3282 or in writing to Merrill Lynch CMA Operations, New Brunswick, N.J. 08903-0189. When making inquiries, please give your account number. See back of page for definitions of key terms.

CODE 708DR (R10-92)

Merrill Lynch, Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

C

1994-05-10 16:07 614-228-5628

Taxpayer No	Page	Statement Period
299-46-3616	3 OF 4	11/27/93 TO 12/31/93

VER
STREET

t Activity/Continued

n:action	Description	Quantity	Price	Amount	Cash and CMA Money Accounts
INVESTMENT	ML BASIC VALUE FUND/CL B			-$90.55	
VD REINV	ML BASIC VALUE FUND CL B	4			
	AGENT				
	REINV AMOUNT $71.81				
	REINV PRICE $22.98				
	QUANTITY BOT 3.1250				
VD REINV	ML BASIC VALUE FUND CL B	4			
	AGENT				
	REINV AMOUNT $90.55				
	REINV PRICE $22.98				
	QUANTITY BOT 3.9400				$2,301.65
ARE DIVIDEND	CMA MONEY FUND	6			
SH DIVIDEND	CMA MONEY FUND			$.57	
	FROM 11-25 THRU 12-31				$2,308.22
	Closing Balance				$2,308.22

/ Fund Activity Details

e	Transaction	Number of Fund Shares @ $1.00/Share	Balance @ $1.00/Share
	Opening		$2,301.00
	SHARE DIVIDEND	6	$2,307.00
	Closing		$2,307.00

EFFECTIVE YIELD: 2.81%

CMA FOR RETIREMENT PLANS ACCOUNT II

December 1993

Keep this statement with your investment records.

Telephone Calls: Call immediately of any discrepancies in securities transactions or investment activity on your statement of account or if you ...g your address. Send all correspondence relating to these matters to the office serving your account. For all other questions about your statement, ...telephone c... (609) 637 3262 or in writing to Merrill Lynch CMA Operations, New Brunswick, N.J. 08989-0585 (When mailing your account n...be ... back of page for definitions of key terms.

Merrill Lynch, Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

PRD 1-92

Account N:
656-05D'

RANDY L
340 E.

To report to

" You have

3033

CODE 3

05 12 94 14 00 ☎614 469 6937 CONG PRYCE ☑003
MAR 12 '94 12:49PM THE OHIO CO P.2/2

Type of Account
RECAP FOR CALENDAR YEAR 1993 SELF-DIRECTED IRA

Account Number	Taxpayer Identification Number
01-69503-8-1	294-60-8800

Your Account Executive:
Ms Sherry L Maynard
(614) 464 7036 036

MEMBER NEW YORK STOCK EXCHANGE
MEMBER SIPC

THE OHIO COMPANY CUST. FBO
DEBORAH D. PRYCE
3602 RIVERSIDE DR.
DUBLIN, OH. 43017

SETT DATE	BOUGHT OR RECEIVED	SOLD OR DELIVERED	DESCRIPTION	PRICE OR ENTRY	CHARGES	CREDITS
			BALANCE AS OF: JANUARY 4, 1993			.00
[illegible]/18			CARDINAL FUND INC	DIVR		20.09
03/18	1.581		CARDINAL FUND INC 03/17/93 12 71/SH	REINV	20.09	
[illegible]/18			CARDINAL FUND INC	DIVR		20.20
/18	1.583		CARDINAL FUND INC 06/18/93 12 76/SH	REINV	20.20	
/31			MAINTENANCE FEE	APDD2	35.00	
09/18			CARDINAL FUND INC.	DIVR		20.32
09/18	1.569		CARDINAL FUND INC 09/15/93 12 95/SH	REINV	20.32	
[illegible]/24		2.737	CARDINAL FUND INC L10 TO COVER DEBIT BALANCE	REC		35.00
/17			CARDINAL FUND INC.	CAPR		80.36
/17	6.429		CARDINAL FUND INC 12/16/93 12 50/SH	REINV	80.36	
12/17			CARDINAL FUND INC	DIVR		17.34
12/17	1.387		CARDINAL FUND INC 12/16/93 12 50/SH	REINV	17.34	
			BALANCE AS OF: DECEMBER 31, 1993			.00

SUMMARY OF SELECTED ACCOUNT ACTIVITY:	AMOUNT
DIVIDENDS CREDITED TO YOUR ACCOUNT	77.85
CAPITAL GAINS CREDITED TO YOUR ACCOUNT	80.36
TOTAL PROCEEDS OF SALE, REDEMPTIONS AND PRINCIPAL	95.00

THIS ACCOUNT IS EXEMPT FROM REPORTING OF DIVIDENDS, INTEREST, AND PROCEEDS OF SALE.

	SECURITY POSITION AS OF: DECEMBER 31, 1993		-VALUATION-
298.889	CARDINAL FUND INC.	12.850	3,814.77
	VALUE OF PRICED SECURITIES		3,814.77

THE TOTAL MARKET VALUE OF THIS ACCOUNT AS OF DECEMBER 31, 1993, WAS $3,814.77
THIS INCLUDES THE VALUE OF ALL SECURITIES FOR WHICH PRICES WERE AVAILABLE, PLUS ANY CASH BALANCE ON YOUR ACCOUNT. ANY PRICES INDICATED ABOVE ARE APPROXIMATE. THEY ARE INTENDED TO BE OF HELP TO YOU IN ESTABLISHING THE VALUE OF YOUR PORTFOLIO.

...END OF 1993 RECAP...

D

STATEMENT OF RETIREMENT ACCOUNT

MERRILL LYNCH PIERCE, FENNER & SMITH INC.

STATEMENT OF RETIREMENT ACCOUNT

SUMMARY OF YOUR IRA PLAN

CONTRIBUTION INFORMATION

DISTRIBUTION INFORMATION

MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP

YOUR DAILY ACCOUNT ACTIVITY

YOUR INVESTMENTS

YOUR INVESTMENTS

DECEMBER, 1993

92C87.....K 10

MERRILL LYNCH PIERCE, FENNER & SMITH INC.

STATEMENT OF RETIREMENT ACCOUNT

YOUR INVESTMENTS

END OF STATEMENT

DECEMBER, 1993

92D16...

(E)

STATEMENT OF RETIREMENT ACCOUNT

MERRILL LYNCH PIERCE, FENNER & SMITH INC.

STATEMENT OF RETIREMENT ACCOUNT

MERRILL LYNCH PIERCE, FENNER & SMITH INC.

STATEMENT OF RETIREMENT ACCOUNT

MERRILL LYNCH PIERCE, FENNER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 1:30

James H. Quillen

102 Cannon House Office Building

Washington, D.C. 20515

Filer Status	X Member of the House of Representatives	Tennessee First	☐ Officer or Employee
Report Type	X Annual (May 15)	☐ Amendment	☐ Termination Period covered: Jan. 1, 1993 - Dec. 31, 1993

9

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes X	No ☐
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes X	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes X	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes X	No ☐
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes X	No ☐
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes ☐	No X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes ☐	No X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: James H. Quillen

DATE (Month, Day, Year): May 12, 1994

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Name	James H. Quillen	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Tennessee Consolidated Retirement System	Legislative Pension	6,572
	Spouse - Pension from Manulife Financial	401(k) Pension	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name James H. Quillen	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
AT&T	Speech	1-1-93	$2,000
Outdoor Advertising Association of America	Speech	1-2-93	$1,000
American Podiatric Medical Association	Speech	1-2-93	$1,000
American Maritime Officers Service	Speech	1-4-93	$1,000
Federal Express Corporation	Speech	2-11-93	$2,000
GTE South	Speech	5-7-93	$1,000
Philip Morris Companies, Inc.	Speech	10-25-93	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible] Quillen | Page 1 of 3

[illegible]	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: [illegible]	A [illegible]	B [illegible]	C [illegible]	D [illegible]	E [illegible]	F [illegible]	G [illegible]	H [illegible]	BLOCK C Type of Income: [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	BLOCK D Amount of Income: [illegible]	I [illegible]	II [illegible]	III [illegible]	IV [illegible]	V [illegible]	VI [illegible]	VII [illegible]	VIII [illegible]	IX [illegible]	BLOCK E Transaction: P, S, E
	Thomas Nelson, Inc., Common stock							S			S										S						
	Thomas Nelson, Inc. Class B Common					S					S								S								
	Model City Investment Co. stock								S								S										
	Citizens Bank (Executive Park) stock Common	S															S										Sold 1/1/79
	Contour Industries, Inc. stock				S												S										
	Eastman Kodak Company stock							S			S											S					
	Dell Corporation stock						S				S									S							
	Allegheny Power System, Inc. stock					S					S										S						
	Delmarva Power & Light stock					S					S										S						
	Flagstar (Formerly I.U. Holdings) Stock					S					S						S										
	Hilliard Lyons Money Fund			S							S							S									
	First Tennessee Bank					S							S									S				
SP	First Tennessee Bank - Spouse Note				S								S								S						
	Johnson City Medical Bldg. Receivable								S				S											S			
	STARPO Note receivable								S				S											S			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James H. Quillen

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	Non-Competitive Agreement - STHARCO																										
	Kingsport Development Co.							X			Non-Competitive Agreement												X				
	Non-Competitive Agreement - Johnson																										
	City Insurance Agency-Wofford Bros.							X			Non-Competitive Agreement												X				
	Land-E. Stone Drive, Kingsport									X							X										
	Oil Royalties - Oklahoma			X							Oil Royalties								X								
	First Tennessee Bank - IRA			X							IRA Distribution									X							
SP	First Tennessee Bank - IRA					X					IRA Distribution										X						
SP	Manulife Financial				X						401(k) Pension										X						
	Anderson Co., TN G.O. H-school bonds							X					X				X					X					P
	Cleveland, TN G.O. bonds						X						X									X					P
	Knoxville, TN G.O. bonds					X							X								X						
	Knoxville, TN Electric Rev bonds						X						X				X										P
	Memphis, TN G.O. 3% bonds									X			X				X										P
	Memphis, TN G.O. 3.4% bonds									X							X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James H. Quillen

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	/G.O. bonds Metro Nashville Dividson Co., TN								X				X				X										P
	Tennessee HDS Issue (1/1/95)				X								X				X										P
	Tennessee HDS Issue (7/1/95)				X								X				X										P
	Tennessee HDA Issue (3.75%) 7/1/95					X							X				X										P
SP	Knoxville, TN Electric Rev.					X							X				X										P
SP	Tennessee HDA Issue (3.75%)					X							X				X										P
SP	Metro Nashville Airport Auth.	X											X								X						S
	Rutherford County, TN bonds							X					X								X						P
	Sumner County, TN, Solid Waste Disp.								X				X				X										P
SP	Sullivan County, TN, Health Ed						X						X				X										P

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Name James H. Quillen

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Tennessee HDA bonds		X		1/01/93			X				
	Tennessee HDA bonds	X			2/21/93		X					
	Tennessee HDA bonds	X			2/24/93			X				
	Tennessee HDA bonds	X			2/25/93		X					
	Memphis, TN, G.O., 3.4%, due 3/01/96	X			3/09/93							X
	Memphis, TN, G.O., 3.0%, due 3/01/95	X			3/09/93							X
	Cleveland, TN, G.O., 4.0%	X			3/25/93					X		
	Metro Nashville Airport Authority	X			5/24/93							X
	Tennessee HDA bonds		X		7/01/93						X	
	Metro Nashville Airport Authority		X		7/01/93			X				
SP	Metro Nashville Airport Authority		X		7/01/93				X			
	Sumner County, TN, Solid Waste Disp.	X			7/02/93						X	
	Rutherford County, TN, Capital Outlay note	X			8/01/93			X				
	Anderson County, TN HS	X			10/12/93					X		
	Knoxville, TN Electric Revenue	X			11/26/93				X			
SP	Sullivan County, TN Health Ed	X			7/01/93				X			
SP	Knoxville, TN Electric Revenue	X			11/26/93			X				

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SCHEDULE IV — TRANSACTIONS

Name James H. Quillen

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Citizens Bank (Executive Park) Bank stock		X		1/07/93	X						

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Name James H. Quillen | Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Maritime Officers Service	Jan. 1-4-93	Tri-City, Tenn.-Ft.Lauderdale Florida-Tri-City, Tenn.	Y	Y (partial)	Y	4 Days

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY -3

HAND DELIVERED

MC

3

JACK QUINN
331 CANNON HOUSE OFFICE BUILDING
WASHINGTON DC 20515 202-225-3306

Filer Status	[X] Member of the U.S. House of Representatives	State N.Y. District 30	[ ] Other
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jack Quinn

DATE (Month Day/Year): April 28, 1994

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Name	JACK QUINN	Page 1 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	TOWN OF HAMBURG - TOWN SUPERVISOR	SALARY	$2364.23
	MERCY HOSPITAL - OPERATING ROOM TECHNICIAN	SPOUSE SALARY	$662.98

For payments to charity in lieu of honoraria, use Schedule II.

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Name JACK QUINN | Page 2 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X						X								X								P
	123 Main St., Dover, Del.								X				X										X					
	1st Bank of Peoria, IL accounts						X							X							X							
JT	C.D. KEY BANK, NA				X							X								X								
JT	PERSONAL SAVINGS, KEY BANK, NA				X							X								X								
DC	MONEY MARKET, FIRST ALBANY CORP.				X							X								X								

For additional assets and unearned income, use next page.

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